

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012636

FILED
May 01, 2009
Secretary of State

Entity Name: ENTERPRISE COMMUNITY SERVICES, INC.

Current Principal Place of Business:

5412 STRICKLAND AVENUE
SUITE A
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

5412 STRICKLAND AVENUE
SUITE A
LAKELAND, FL 33812

New Mailing Address:

FEI Number: 41-2221951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHUETTE, SHARON EVERS
5412 STRICKLAND AVENUE
SUITE A
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHUETTE, HERBERT
Address: 2028 SHEPHERD RD #328
City-St-Zip: MULBERRY, FL 33680

Title: VP () Delete
Name: DWECK, DAVID
Address: 4851 W HILLSBORO BLVD #A-4
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST () Delete
Name: SCHUETTE, SHARON
Address: 2028 SHEPHERD RD #328
City-St-Zip: MULBERRY, FL 33680

Title: CEO () Delete
Name: DRESSLER, FAY
Address: 3090 N. COURSE DRIVE #801
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SCHUETTE, SHARON
Address: 5412 STRICKLAND AVENUE, STE A
City-St-Zip: LAKELAND, FL 33812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LYNNE, VICTORIA
Address: 3416 LEMON ST. W.
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON EVERS SCHUETTE

ST

05/01/2009

Electronic Signature of Signing Officer or Director

Date