## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000209

FILED Apr 08, 2008 Secretary of State

Entity Name: SYCHAR COMMUNITY SERVICES CENTER, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6513 DILLN WEST PAL	MAN RD. .M BEACH, FL	. 33413				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O BOX 1 WEST PAL	6295 M BEACH, FL	. 33416				
FEI Number:	20-8230952	FEI Number Applied For ( )	FEI Number Not Appl	Olicable ( ) Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
3801 RUSS WEST PAL	.M BEACH, FL		urnoso of changing if	its registered office or registered agent, or both,		
in the State		submits this statement for the po	arpose or changing in	its registered office of registered agent, or botti,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ALEXANDRE, R 3801 RUSSELL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	LORMILSAINT, 1066 CAMEO C		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SEC () RAYMOND, MAI 1989 B NW 4TH BOCA RATON, I	I AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TR () JEAN-BAPTISTE 730 HAWTHORI LAKE PARK, FL	NE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	JEAN-LOUIS, PI 1292 PARTERR		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	JEAN-BAPTISTE 1066 CAMEO C		Title: Name: Address: City-St-Zip:	AR (X) Change ( ) Addition ETIENNE, SANTCHA 190 WOOD BINE WAY, # 120 PALM BEACH GARDEN, FL 33418 US		

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: ROOLDY ALEXANDRE P 04/08/2008