

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000469

FILED
Apr 21, 2008
Secretary of State

Entity Name: CENTER FOR PERSONS WITH DISABILITIES, INC.

Current Principal Place of Business:

16238 N.W. 19TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16238 N.W. 19TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 83-0471638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JULIETTE-PIERRE, MARIE
16238 N.W. 19TH STREET
PEMBROKE PINES, FL 33028 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: D () Delete
Name: ST. JULIETTE-PIERRE, MARIE
Address: 16238 N.W. 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: PIERRE, PERIN B
Address: 16238 N.W. 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ST. JULIETTE, CHARLEMAGNE JR.
Address: 16238 N.W. 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ST. JULIETTE-PIERRE-MARIE

D

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date