

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006001

FILED
Apr 14, 2009
Secretary of State

Entity Name: F.A.C.E.S. OF THE TRI-CITIES, INC.

Current Principal Place of Business:

612 SW 11TH STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2948
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 26-0410119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, SHAYLA A
612 SW 11TH STREET
BELLE GLADE, FL 33430 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: LEWIS, SHAYLA A
Address: 612 SW 11TH STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: CFO () Delete
Name: HUBBARD, LATRECE D
Address: 3685 NW 29TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: S () Delete
Name: KEARSE, YOLANDA
Address: 7257 NW 22ND DRIVE
City-St-Zip: PEMBROKE PINE, FL 33024 US

Title: VP () Delete
Name: KING, WILVITTA
Address: 348 NW 13TH STREET
City-St-Zip: BELLE GLADE, FL 33430 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/S (X) Change () Addition
Name: KEARSE, YOLANDA
Address: 7257 NW 22ND DRIVE
City-St-Zip: PEMBROKE PINE, FL 33024 US

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: LATRECE D HUBBARD

CFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date