

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000811

FILED
Apr 17, 2009
Secretary of State

Entity Name: CENTER FOR HEALTH, EDUCATION AND SOCIAL SERVICES, INC.

Current Principal Place of Business:

1826 SW PENROSE AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

507 S. 5TH ST
FORT PIERCE, FL 34950

Current Mailing Address:

1826 SW PENROSE AVENUE
PORT ST LUCIE, FL 34953

New Mailing Address:

507 S. 5TH ST
FORT PIERCE, FL 34950

FEI Number: 26-2164188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMY, MARIE M
1826 SW PENROSE AVENUE
PORT ST LUCIE, FL 34953 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: REMY, MARIE M
Address: 1826 SW PENROSE AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S () Delete
Name: DESPINOS, CARINE
Address: 112 SW DALTON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: ETIENNE, NORMAND
Address: 3732 SW MANAK ST
City-St-Zip: PORT ST LUCIE, FL 34953

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: MARIE MAGALIE REMY

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date