# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2010**
**Secretary of State**

DOCUMENT# N08000000811

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

**Current Principal Place of Business:**

507 S. 5TH ST
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

507 S. 5TH ST
FORT PIERCE, FL 34950

**New Mailing Address:**

PO BOX 2093
FORT PIERCE, FL 34954

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIE MAGALIE REMY P 01/27/2010

Electronic Signature of Signing Officer or Director Date