

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006955

FILED  
Sep 02, 2009  
Secretary of State

**Entity Name:** SCRIPT-FULLY U ENRICHMENT CENTER INC.

**Current Principal Place of Business:**

1821 H AVENUE EAST  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

3622 OLEANDER TERRACE  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

1821 H AVENUE EAST  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

P.O. BOX 11760  
RIVIERA BEACH, FL 33404

**FEI Number:** 32-0257227      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WASHINGTON, ALICIA  
1821 H AVENUE EAST  
RIVIERA BEACH, FL 33404      US

**Name and Address of New Registered Agent:**

WASHINGTON, ALICIA  
3622 OLEANDER TERRACE  
RIVIERA BEACH, FL 33404      US

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: ALICIA WASHINGTON

09/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WASHINGTON, ALICIA  
Address: 1821 H AVENUE EAST  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP      ( ) Delete  
Name: WILLIAMS, LORI  
Address: 430 S ROSEMARY SUITE #6  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T      ( ) Delete  
Name: PICKENS, BRANDON  
Address: 1821 H AVENUE EAST  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S      ( ) Delete  
Name: HANNA, ANGELA  
Address: 1821 H AVENUE EAST  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D      ( ) Delete  
Name: WILLIAMS, EVERNE  
Address: 430 S ROSEMARY SUTIE #6  
City-St-Zip: RIVIERA BEACH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: WASHINGTON, ALICIA  
Address: 3622 OLEANDER TERRACE  
City-St-Zip: RIVIERA BEACH, FL 33404

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

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: ALICIA WASHINGTON

PD

09/02/2009

Electronic Signature of Signing Officer or Director

Date