

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009892

FILED
Jul 01, 2009
Secretary of State

Entity Name: CARE3 COMMUNITY DEVELOPMENT & LEARNING CENTER INC

Current Principal Place of Business:

541 NW 10TH AVENUE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1575
BOYNTON BEACH, FL 33425 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

SAINVIL, WESNER
314 SW 2ND AVENUE
BOYNTON BEACH, FL 33435 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAINVIL, WESNER
Address: 314 SW 2ND AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP () Delete
Name: DEMOSTHENE, DIEUNET
Address: 7359 WILLOW SPRINGS CIRCLE SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: TREA () Delete
Name: MASSILLON, GERNA
Address: 261 NE 13TH STREET
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: SECR () Delete
Name: LOSIUS, RAMSON G
Address: P.O BOX 243501
City-St-Zip: BOYNTON BEACH, FL 33423 US

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:

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: SAINVIL, WESNER

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date