

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009892

**FILED**  
**Apr 12, 2011**  
**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 ( )**

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

SAINVIL, WESNER  
314 SW 2ND AVENUE  
BOYNTON BEACH, FL 33435 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: SAINVIL, WESNER  
Address: 314 SW 2ND AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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

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

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

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: SAINVIL WESNER

P

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date