

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004174

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MULTI-CULTURAL RESOURCE CENTER FOR CHILDREN & FAMILIES, INC.

**Current Principal Place of Business:**

217 N. US 1  
FORT PIERCE, FL 34948

**New Principal Place of Business:**

3479 S. US 1  
104  
FORT PIERCE, FL 34948

**Current Mailing Address:**

P. O. BOX 446  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 30-0553973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIXON, MARCUS L  
7001 LAKELAND BLVD.  
FT PIERCE, FL 34951 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: PRES  
Name: JAMES, MICHAEL R  
Address: 1532 S.E. ROYAL GREEN CIR.  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: TRES  
Name: MESSINA, FRANK  
Address: 300 COLORADO AVE, SUITE 211  
City-St-Zip: STUART, FL 39494

Title: BM  
Name: POMPEI, FRITZ  
Address: 508 NORTH 23RD ST, APT A  
City-St-Zip: FT PIERCE, FL 34950

Title: BM  
Name: BISHOP, TERESA  
Address: 6413 N.W. FRIENDLY CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983 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: MARCUS DIXON

ED

04/25/2011

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

\_\_\_\_\_  
Date