2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004174

FILED Apr 16, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3479 S. US 1 104

FORT PIERCE, FL 34948

Current Mailing Address: New Mailing Address:

P. O. BOX 446 P. O. BOX 446

FORT PIERCE, FL 34950 FORT PIERCE, FL 34954

FEI Number: 30-0553973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIXON, MARCUS L 7001 LAKELAND BLVD. FT PIERCE, FL 34951 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: CHAI

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

Title: BM

 Name:
 DANIEL, ULINE

 Address:
 1023 JAMAICA AVE

 City-St-Zip:
 FORT PIERCE, FL 34950

Title: BM

 Name:
 ABAYMO, IPYANA

 Address:
 526 N. 12TH STREEET

 City-St-Zip:
 FORT PIERCE, FL 34950

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 MR 04/16/2012