

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006760

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CENTER FOR CULTURAL COMPETENCE, INC.

**Current Principal Place of Business:**

5195 NW 112TH TERRACE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

5195 NW 112TH TERRACE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 74-3252238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE-WISE, GAIL  
5195 NW 112TH TERRACE  
CORAL SPRINGS, FL 33076 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:** C  
**Name:** PRICE-WISE, GAIL  
**Address:** 5195 NW 112TH TERRACE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** T  
**Name:** WISE, STEVEN M  
**Address:** 5195 NW 112TH TERRACE  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** S  
**Name:** PRICE, MARK  
**Address:** 1872 VERONA COURT  
**City-St-Zip:** NAPLES, FL 34104

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:** GAIL PRICE-WISE

C

04/02/2010

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

\_\_\_\_\_  
Date