

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007419

FILED
Feb 04, 2011
Secretary of State

Entity Name: CENTER FOR FAMILY EMPOWERMENT, INC.

Current Principal Place of Business:

1960 BAYBERRY DR
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1733 NE 162 ST
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1960 BAYBERRY DR
PEMBROKE PINES, FL 33024

New Mailing Address:

1480 NW 144 AVE
PEMBROKE PINES, FL 33028

FEI Number: 90-0512018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEAZARD, MARIE
1480 NW 144 AVE
PEMBROKE PINES, FL 33028 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: SD
Name: MATHIEU, LINDA
Address: 9205 RAMBLEWOOD DRIVE, SUITE 834
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD
Name: THONY, FLORENCE P
Address: 1960 BAYBERRY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD
Name: ELEAZARD, MARIE E
Address: 1480 NW 144 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V
Name: CARRE, MARYSE B
Address: 12280 SW 251 TERRACE
City-St-Zip: PRINCETON, FL 33032

Title: T
Name: CESAR, REMUS
Address: 195 NE 134 STREET
City-St-Zip: MIAMI, FL 33161

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: MARIE ELEAZARD

PD

02/04/2011

Electronic Signature of Signing Officer or Director

Date