

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008474

FILED
May 01, 2010
Secretary of State

Entity Name: COMMUNITY CARE LEARNING CENTER INC.

Current Principal Place of Business:

2950 NW 45TH AVE
LAUDERDALE LAKES, 33313

New Principal Place of Business:

2950 NW 45TH AVE
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

2950 NW 45TH AVE
LAUDERDALE LAKES, 33313

New Mailing Address:

2950 NW 45TH AVE
LAUDERDALE LAKES, FL 33313

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NOREY, HENRI C
2950 NW 45TH AVE
LAUDERDALE LAKES, FL 33313 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: P
Name: NOREY, HENRI C
Address: 2950 NW 45TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: VP
Name: COLLYMORE, RALPH
Address: 3074 MARTELLO DRIVE
City-St-Zip: MARGATE, FL 33313

Title: S
Name: NOREY, GHISLAINE
Address: 2950 NW 45TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: T
Name: NOREY, JADE
Address: 2950 NW 45TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33313

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: HENRI NOREY

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date