2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 07, 2011
Secretary of State

DOCUMENT# N09000010563

Entity Name: CARE AND COMPASSION CENTER FOR WOMEN INC.

Current Principal Place of Business:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 UN

New Principal Place of Business:

4725 HOLLY LAKE DR.
4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 US

Current Mailing Address:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 UN

New Mailing Address:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 US

FEI Number: 27-1258639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, TARANEISHEA
4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 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: PD
Name: BROWN, TARANEISHEA
Address: 4725 HOLLY LAKE DR.
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VD
Name: HOUSTON, DERRICK
Address: 1550 LATHAM RD.
City-St-Zip: W. PALM BCH, FL 33409 US

Title: S
Name: MCKINNIE, DIANE B
Address: 14893 WEDGEFIELD DR.
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: O
Name: BROWN, CHAZ
Address: 4725 HOLLY LAKE DR. #2
City-St-Zip: LAKE WORTH, FL 33463 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: TARANEISHEA BROWN PD 07/07/2011
Electronic Signature of Signing Officer or Director Date