

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010563

FILED
Jan 05, 2012
Secretary of State

Entity Name: CARE AND COMPASSION CENTER FOR WOMEN INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4725 HOLLY LAKE DR.
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 27-1258639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date