

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009851

FILED
Apr 28, 2011
Secretary of State

Entity Name: CLEWISTON MULTI-GENERATIONAL COMMUNITY CENTER, INC.

Current Principal Place of Business:

4421 HAGAPLAN ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4421 HAGAPLAN ST
PORT ST LUCIE, FL 34953

New Mailing Address:

P.O.BOX 3459
CLEWISTON, FL 33440

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BESS, LEROY
4421 HAGAPLAN ST
PORT ST LUCIE, FL 34953 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: D
Name: POURCH, MARY
Address: 3432 NW 86TH WAY #201
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: FORD, TERRANCE
Address: 405 E ALVERDEZ AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: JAMES, MORRIS SR
Address: 1009 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL 33440

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: LEROY BESS

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date