

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003515

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY REHABILITATION AND RESOURCES CENTER, INC.

**Current Principal Place of Business:**

23 SWINTON GARDENS DR  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

23 SWINTON GARDENS DR  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 45-1542803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCILLE, LIONEL  
27 SWINTON GARDENS DR.  
DELRAY BEACH, FL 33444 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: P  
Name: PHILIUS, ERMILUS  
Address: 23 SWINTON GARDENS DR  
City-St-Zip: DELRAY BEACH, FL 33444

Title: S  
Name: JEAN-MARIE, JAMANIA  
Address: 6529 JULIA GARDENS DR  
City-St-Zip: COCONUT CREEK, FL 33073

Title: V  
Name: PHILIUS, GESSY  
Address: 6526  
City-St-Zip: COCONUT CREEK, FL 33073

Title: T  
Name: ZULMAR, IRMINE  
Address: 2039 SW 12TH CT  
City-St-Zip: DELRAY BEACH, FL 33445

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: ERMILUS PHILIUS

MR.

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date