## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N49580

Entity Name: PEER CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4545 NW 9TH AVENUE

FORT LAUDERDALE, FL 33309 US

**Current Mailing Address: New Mailing Address:** 

4545 NW 9TH AVENUE

FORT LAUDERDALE, FL 33309 US

FEI Number: 65-0395121 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COTTO, BUENAVENTURA 4545 PÓWERLINE RD OAKLAND PARK, FL 33309

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**FILED** Jan 27, 2009 Secretary of State

**EXED** () Delete () Change () Addition

BUENAVENTURA, COTTO Name: Name: 4545 POWERLINE RD Address: Address:

City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip:

Title: SEC (X) Delete Title: () Change () Addition

ROSENTHAL, JUDITH Name: Name: Address: 4545 POWERLINE ROAD Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip:

Title: TRE () Delete Title: () Change () Addition

FERRARA, KATHRYN Name: Name: Address: 4545 POWERLINE RD Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip:

Title: CHA ( ) Delete Title: () Change () Addition

Name: FRANZEN, RUTH Name: 4545 POWERLINE ROAD Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip:

Title: OFF (X) Delete Title: () Change () Addition

WARD, JANET Name: Name: 4545 POWERLINE ROAD Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

RAMDEEN, MINETTE Name: Name: Address: 4545 POWERLINE ROAD Address: OAKLAND PARK, FL 33309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BUENAVENTURA COTTO **EXE** 01/27/2009