

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004982

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: OPPORTUNITIES AND ENRICHMENT SERVICES, INC.

**Current Principal Place of Business:**

19700 S.W. 103RD COURT #104  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

1521 DUNES STREET  
ORANGEBURG, SC 29115

**New Mailing Address:**

FEI Number: 65-0619118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, LOIS W  
1521 DUNES STREET  
ORANGEBURG, FL 29115 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: S ( ) Delete  
Name: WOODSON, BRENDA J  
Address: 18010 S.W. 136TH COURT  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: MCDONALD, AMY  
Address: 10875SW112TH AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: WONSIK, PETRA L  
Address: 8700SW133 AVE #306-A  
City-St-Zip: MIAMI, FL 33183

Title: T ( ) Delete  
Name: DEKLE, MARILYN  
Address: 20310NW 33RD COURT  
City-St-Zip: MIAMI, FL 33056

Title: PD ( ) Delete  
Name: BROWN, LOIS W  
Address: 19700 S.W. 103RD COURT #104  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LOIS W. BROWN

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

DIRE

03/22/2009

\_\_\_\_\_  
Date