

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002031

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE CENTER FOR POSITIVE CONNECTIONS, INC.

Current Principal Place of Business:

3841 NE 2ND AVE
203
MIAMI, FL 33137 US

New Principal Place of Business:

8315 NW 22ND AVE
MIAMI, FL 33147 US

Current Mailing Address:

8309 NW 22ND AVE
MIAMI, FL 331474101 US

New Mailing Address:

FEI Number: 65-0669709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRICI, STROY-MARTIN
8309 NW 22ND AVE
MIAMI, FL 331474101 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 () Delete
Name: NEWMAN, DAVID P
Address: 2470 TRAPP AVENUE
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: STROY-MARTIN, CRICI
Address: 8309 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, DAVID P
Address: 8309 NW 22ND AVE
City-St-Zip: MIAMI, FL 33133

Title: S (X) Change () Addition
Name: STROY-MARTIN, CHRISTINE
Address: 8309 NW 22ND AVE.
City-St-Zip: MIAMI, FL 33147

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: CHRISTINE STROY-MARTIN

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01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date