

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 19, 2006
Secretary of State

DOCUMENT# N96000003764

Entity Name: CENTURION COMMUNITY DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**4015 N.W. 17TH AVENUE
MIAMI, FL 33142**New Principal Place of Business:****Current Mailing Address:**4015 NW 17 AVE
MIAMI, FL 33142**New Mailing Address:****FEI Number:** 65-0681687**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SONJA, CARTER
1601 NW 52ND STREET
MIAMI, FL 33142 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:** CEO () Delete
Name: CARTER, SONJA
Address: 1601 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142**Title:** P () Delete
Name: CARTER, SONJA
Address: 1601 NW 52ND ST
City-St-Zip: MIAMI, FL 33142**Title:** VPT () Delete
Name: SHEFTAL, DARRELL
Address: 4015 NW 17 AVE
City-St-Zip: MIAMI, FL 33142**Title:** T () Delete
Name: ABLES, ROBIN
Address: 4015 N.W. 17TH AVE.
City-St-Zip: MIAMI, FL 33142**Title:** T () Delete
Name: ABLES, MICHAEL
Address: 4015 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33142**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** S (X) Change () Addition
Name: ABLES, ROBIN
Address: 4015 N.W. 17TH AVE.
City-St-Zip: MIAMI, FL 33142**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T () Change (X) Addition
Name: EBERHARDT, FRANCES
Address: 4015 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: SONJA CARTER

P

09/19/2006

Electronic Signature of Signing Officer or Director

Date