

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 24, 2007
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
16900 N BAY RD
1003
SUNNY ISLES, FL 33168 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: 16900 N BAY RD # 1003
City-St-Zip: SUNNY ISLES, FL 33168**Title:** P () Delete
Name: CARTER, SONJA
Address: 16900 N BAY RD #1003
City-St-Zip: SUNNY ISLES, FL 33168**Title:** VPT () Delete
Name: SHEFTAL, DARRELL
Address: 4015 NW 17 AVE
City-St-Zip: MIAMI, FL 33142**Title:** S () 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:** T () Delete
Name: EBERHARDT, FRANCES
Address: 4015 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33142**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPT (X) Change () Addition
Name: SHEFTALL, DARRELL
Address: 4015 NW 17 AVE
City-St-Zip: MIAMI, FL 33142**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: SINGLETARY, RICK
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 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

CEO

04/24/2007

Electronic Signature of Signing Officer or Director

Date