

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003764

FILED  
Apr 11, 2008  
Secretary of State

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:**

SONJA, CARTER  
4015 NW 17TH AVENUE  
# 1003  
MIAMI, FL 33142 US

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: SONJA CARTER

04/11/2008

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: SHEFTALL, 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: SINGLETARY, RICK  
Address: 4015 NW 17TH AVENUE  
City-St-Zip: MIAMI, FL 33142

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

Title: CEO (X) Change ( ) Addition  
Name: CARTER, SONJA  
Address: 4015 NW 17TH AVE  
City-St-Zip: MIAMI, FL 33142

Title: VP (X) Change ( ) Addition  
Name: BRAZIL, JENNIFER  
Address: 4015 NW 17TH AVENUE  
City-St-Zip: MIAMI, FL 33142

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: SONJA CARTER

CEO

04/11/2008

Electronic Signature of Signing Officer or Director

Date