2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SONJA, CARTER
4015 NW 17TH AVENUE
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: _____ 04/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: BRAZIL, JENNIFER
Address: 4015 NW 17TH AVENUE
City-St-Zip: MIANI, FL 33142

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 (X) Delete
Name: ABLES, MICHAEL
Address: 4015 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: T (X) Delete
Name: SINGLETARY, RICK
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CAMPBELL, DOROTHY
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:

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 04/02/2009
Electronic Signature of Signing Officer or Director — Date