

DOCUMENT # N97000004972

1. Entity Name

C.E. GLOVER COMMUNITY STUDY & OUTREACH CENTER, I

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90186 049 ****61.25

Principal Place of Business

Mailing Address

9061 NW 11 COURT
PLANTATION FL 33322

9061 NW 11 COURT
PLANTATION FL 33322-4910

2. Principal Place of Business

5166 Waters Edge Way

3. Mailing Address

5166 Waters Edge Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cooper City, FL

City & State
Cooper City, FL

4. FEI Number
65-0777968

Applied For
Not Applicable

Zip
33330

Country

Zip
33330

Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, C E
9061 NW 11 COURT
PLANTATION FL 33322

5166 Waters Edge Way
Cooper City, FL 33330

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Glover, C E; Giles, Jacki; McDowell, Hattie D; Anderson, Virginia; Lewis, Betty; Walden, Robert.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes 5166 Waters Edge Way, Cooper City, FL 33330.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Handwritten Signature]

Hattie McDowell 04/26/00 954-763-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #