

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004972

FILED
Apr 28, 2005
Secretary of State

Entity Name: C.E. GLOVER COMMUNITY STUDY & OUTREACH CENTER, INC.

Current Principal Place of Business:

5166 WATERS EDGE WAY
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5166 WATERS EDGE WAY
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 65-0777968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, C E
5166 WATERS EDGE WAY
COOPER CITY, FL 33330 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: DP () Delete
Name: GLOVER, C E
Address: 5166 WATERS EDGE WAY
City-St-Zip: COOPER CITY, FL 33330

Title: DS () Delete
Name: GILES, JACKI
Address: 504 NW 20 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DT () Delete
Name: MCDOWELL, HATTIE D
Address: 3441 N.W. 7 COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: ANDERSON, VIRGINIA
Address: 9965 NW 9 CT.
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: LEWIS, BETTY
Address: 4310 NW 22 ST.
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: WALDEN, ROBERT
Address: 1048 WYOMING AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

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: () Change () Addition
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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 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 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: HATTIE MCDOWELL

DT

04/28/2005

Electronic Signature of Signing Officer or Director

Date