## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State .

DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90241 004 \*\*\*\*61.25

## DOCUMENT # N9800006347

1. Corporation Name

COMMUNITY ALLIANCE FOR FAMILY AND CAREER DEVELOP MENT, INC.

Principal Place of Business 2412 N STATE ROAD 7 (441) LAUDERDALE LAKES FL 33313

Original Place of Business

Mailing Address

2a. Mailing Address

2412 N STATE ROAD 7 (441) LAUDERDALE LAKES FL 33313



3. Date Incorporated or Qualifed

21		26	آءِدًا				11/05/1998	
Suite, Apt.	#. etc.	1-9	Suite, Apt. #, etc.	· <u>-</u>			4. FEI Number	
22	Control of the contro	27	]				65-08//6// Not Applicable	
City & State	3	+	City & State				\$8.75 Additional	
23		28	28				5. Certificate of Status Desired Fee Required	
Zip Country			Zip Country				6. Election Campaign Financing S5.00 May Be	
24	25	29	30	0			Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
					81 Name			
DOCEDO MATELIE					82 Street Address (P.O. Box Number is Not Acceptable)			
HOGERO, TIPECELLE					62 Street Address (F.O. Box Humber is Not Acceptable)			
	2769 NW 36 AVE LAUDERDALE LAKES FL 33311-1823					83		
LAUDERDALE LAKES FL 33311-1823					lan Zir Code			
				84	١,	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-						amed corpor	ration submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i nereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			☐ DELETE	1.1 TITLE		7	C/D/S 0 - 201 - Change Addition	
NAME			•	1.2 NAME			HAZETTE ROGERS	
	• - •			1.3 STREE	ΤΔΓ	ORESS	2769 N.W 36 Ave	
STREET ADORESS	•			1.4 CITY-S		-	LAUderDale LAKOS, FL. 33311	
CITY-ST-ZIP			□ DELETE	2.1 TITLE	1-2	···	Change Addition	
TITLE				22 NAME		1	CRAIG GOLDSTEIN	
NAME				2.3 STREET	* 45	NODESC .	3818 N.W 49 STREET 19	
STREET ADDRESS			يوه د خوا شور بد				TAMARACIFY, 33319	
CITY-ST-ZIP			DELETE	2.4 CITY-S 3.1 TITLE	51-2	<u> </u>	5 D □ Change ★Addition	
TITLE			bcce.c	3.2 NAME			BEVERLY WILLIAMS L	
NAME						200000	2369 NAW I STREET	
STREET ADDRESS				3.3 STREET			In del Date Lakes FL. 33311	
CITY-ST-ZIP			☐ DELETE	3.4. CITY-S 4.1 TITLE	51-4	<u> </u>	Change Addition	
TITLE			F ACT. C			a	Law Tulius	
NAME				4. 2 NAME		DDEEDO /	210111111111111111111111111111111111111	
STREET ADDRESS				4.3 STREET			Penhalu Pines, FL. 33029	
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S 5.1 TITLE	i (-Z	JP .	Change Addition	
ΠLE			□ DECE!	5.1 STILE 5.2 NAME			Vone M. HAMILTON -	
NAME				5.3 STREE	TAF	YDDESS	269 N. JUNIVERSITY DK	
STREET ADDRESS				5.4 CITY-S			Rambrala Pape El, 22024	
CITY-ST-ZIP			DELETE	6.1 TITLE	»ı • Z	,s:	Change Addition	
TITLE			□ perei£	6.2 NAME			: Sandy	
NAME	Parallic and that				·	DDDECO.		
STREET ADDRESS	I			6.3 STREE				
CITY-ST-ZIP	Sect,		***	6.4 CITY-S			440 07/2000 Elevido Ptetutos I further cortify that the information	
14. I hereby (	certify that the information supplied with	n this	filing does not qualify for to	ne exempt ate and the	noi:	n stated in Se ny signature	action 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an	

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 annual report or supplemental annual 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 12 or Block 13 if changed, open an attachment with an address, with all other like empowered.

SIGNATURE

KORCHAT LHAZULO KUCZLE

JIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

(954) 731-1212

2E037 (11/98)