


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 023 ****61.25

DOCUMENT # N98000006347					
1. Entity Name COMMUNITY ALLIANCE FOR FAMILY AND CAREER DEVELOPMENT, INC.					
Principal Place of Business 4147 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319			Mailing Address 2769 NW 36TH AVENUE FORT LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0877671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, HAZELLE 2769 NW 36 AVE LAUDERDALE LAKES, FL 33311			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME MORRIS, GERI		TITLE C/D	NAME MARK GRANT	
STREET ADDRESS 3363 NW 27 ST	CITY-ST-ZIP LAUDERDALE LAKES, FL 33313		STREET ADDRESS 5651 SW 2ND CT, #117	CITY-ST-ZIP MARGATE, FL	
TITLE CD	NAME WILLIAMS, BEVERLY		TITLE DIRECTOR	NAME Williams, Beverly	
STREET ADDRESS 3369 NW 21 STREET	CITY-ST-ZIP LAUDERDALE LAKES, FL 33311		STREET ADDRESS 3369 NW 21 Street	CITY-ST-ZIP Lauderdale Lakes, FL. 33311	
TITLE D	NAME ROGERS, HAZELLE		TITLE D	NAME CLINTON Ruddock	
STREET ADDRESS 2769 NW 36 AVE	CITY-ST-ZIP LAUDERDALE LAKES, FL 33311		STREET ADDRESS 3280 N. STATE RD 7	CITY-ST-ZIP Lauderdale lakes, FL. 33319	
TITLE D	NAME JULIUS, RUDY		TITLE D	NAME Richard McFarlane	
STREET ADDRESS 19101 NW 11 ST	CITY-ST-ZIP PEMBROKE PINES, FL 33029		STREET ADDRESS 1910 NW 55 Ave	CITY-ST-ZIP Lauderhill, FL. 33313	
TITLE D	NAME HAMILTON, VENE M		TITLE D	NAME CRAIG Goldstein	
STREET ADDRESS 269 N UNIVERSITY DR	CITY-ST-ZIP PEMBROKE PINES, FL 33024		STREET ADDRESS 3685 W. OAKLAND PK BLVD.	CITY-ST-ZIP Lauderdale lakes, FL. 33311	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Hazelle Rogers</i>			4/19/04 (954) 485-6356		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		