

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006347

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** COMMUNITY ALLIANCE FOR FAMILY AND CAREER DEVELOPMENT, INC.

**Current Principal Place of Business:**

4147 N STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

2769 NW 36TH AVENUE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 65-0877671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, HAZELLE  
2769 NW 36 AVE  
LAUDERDALE LAKES, FL 33311 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: SD ( ) Delete  
Name: MORRIS, GERI  
Address: 3363 NW 27 ST  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete  
Name: WILLIAMS, BEVERLY  
Address: 3369 NW 21 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete  
Name: ROGERS, HAZELLE  
Address: 2769 NW 36 AVE  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete  
Name: JULIUS, RUDY  
Address: 19101 NW 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: GOLDSTEIN, CRAIG  
Address: 3685 WEST OAKLAND PARK BLVD.  
City-St-Zip: LAUDERDALE LAKES, FL 33311

**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  
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: HAZELLE ROGERS

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date