

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006347

FILED
Mar 22, 2009
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:

P.O. BOX 490922
FORT LAUDERDALE, FL 33349

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 36TH AVE.
LAUDERDALE LAKES, FL 33311 US

Name and Address of New Registered Agent:

ROGERS, CLIFTON
2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311 US

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: CLIFTON ROGERS

03/22/2009

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: D (X) Change () Addition
Name: CREARY, LINDA
Address: 109 NW 4TH AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

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: BEVERLY WILLIAMS

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date