## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000030991

Entity Name: SOUTH CLUSTER CHILDREN SERVICES, INC.

FILED Mar 18, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7343 DAVIE ROAD EXTENSION 5949 STIRLING ROAD DAVIE, FL 33024 **DAVIE, FL 33314** 

**Current Mailing Address: New Mailing Address:** 

7343 DAVIE ROAD EXTENSION 5949 STIRLING ROAD DAVIE, FL 33314 DAVIE, FL 33024

FEI Number: 30-0055515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

YOUTH IMPACT, INC YOUTH IMPACT, INC. 7343 DAVIE ROÁD EXTENSION 5949 STIRLING ROAD DAVIE, FL 33024 DAVIE, FL 33314

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: 03/18/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

SIEGEL, WENDI F ED.D. Name: 5949 STIRLING ROAD Address: City-St-Zip: **DAVIE, FL 33314** 

Title:

Name: HERNANDEZ, NORMA 6138 SW 30TH STREET Address: MIRAMAR, FL 33023 City-St-Zip:

Title: D

MACDONALD, RUTHIE Name: 4033 SW 22 STREET Address:

City-St-Zip: WEST HOLLYWOOD, FL 33023

Title:

LUCAS, RENEE H Name: Address: 420 NE 2 AVE

City-St-Zip: HALLANDALE, FL 33009

Title:

GORDON, DOREEN J ED.D. Name:

Address: 5820 WEST HALLANDALE BEACH BLVD.

City-St-Zip: HOLLYWOOD, FL 33023

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOREEN GORDON D 03/18/2011