

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |
|--|--|
| DOCUMENT # N01000003401  |  |
| 1. Entity Name<br>CHAIRES COMMUNITY LIFE ENRICHMENT CENTER, INC.               |  |
| Principal Place of Business<br>5755 CHAIRES CROSS RD.<br>TALLAHASSEE, FL 32311 | Mailing Address<br>5755 CHAIRES CROSS RD.<br>TALLAHASSEE, FL 32311 |



**FILED**

06 MAY -1 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3717619                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

HAMMOCK, CASSIE  
8137 BUCKLAKE RD.  
TALLAHASSEE, FL 32311

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HAMMOCK, CASSIE<br>8137 BUCKLAKE RD.<br>TALLAHASSEE, FL 32311        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>LOVE, CHRISTINE<br>658 LIBERTY ST., APT. #4<br>TALLAHASSEE, FL 32310 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>BROWN, JOSEPH<br>2616 MISSION RD., APT. #86<br>TALLAHASSEE, FL 32304 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DAVIS, FREEMAN JR<br>392 ROCK ROAD<br>CRAWFORDVILLE, FL 32327         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

**SIGNATURE:** *Cassie Hammock* *April 30, 06* *942-1563*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #