

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003515

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**0458820231CC**

**Entity Name:** COMMUNITY REHABILITATION AND RESOURCES CENTER, INC.

**Current Principal Place of Business:**

100 E. LINTON BLVD  
SUITE 133A  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

100 E LINTON BLVD  
133A  
DELRAY BEACH, FL 33483 US

**FEI Number: 45-1542803**

**Certificate of Status Desired: No**

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

JEAN-MARIE, JAMANIA  
100 E. LINTON BLVD  
SUITE 133A  
DELRAY BEACH, FL 33483 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: JEAN-MARIE JAMANIA**

**04/02/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ERMILUS, PHILIUS  
Address 309 SAXONY G  
City-State-Zip: DELRAY BEACH FL 33446

Title S  
Name JEAN-MARIE, JAMANIA  
Address 100 E. LINTON BLVD  
SUITE 133A  
City-State-Zip: DELRAY BEACH FL 33483

Title V  
Name ZULMAR, COLSON  
Address 2039 SW 12TH CT  
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER  
Name JEANTINE, JEAN EMMANUEL  
Address 3800 NE 14TH AVE  
City-State-Zip: POMPANO BEACH FL 33064

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

**SIGNATURE: ERMILUS PHILIUS**

**PRESIDENT**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date