

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000006916

**Entity Name:** KEENANM MULTI-SERVICES CENTER INC.

**Current Principal Place of Business:**

1401 41ST ST  
ORLANDO, FL 32839

**Current Mailing Address:**

1401 41ST ST  
ORLANDO, FL 32839

**FEI Number: 01-0607884**

**Certificate of Status Desired: No**

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

JOSEPH, FRANCKY DAGENT  
1401 41ST ST  
ORLANDO, FL 32839 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFFICER  
Name GEORGES, ALFRED P  
Address P.O. BOX 592502  
City-State-Zip: ORLANDO FL 32839

Title D  
Name GEORGES, MICHAELLE L  
Address 133 BURRELL CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title O  
Name GEORGES, ALFRED M  
Address 133 BURRELL CIRCE  
City-State-Zip: KISSIMMEE FL 34744

Title O  
Name GEORGES, ELIZABETH A  
Address 133 BURRELL CIRCLE  
City-State-Zip: KISSIMMEE FL 34744

Title O  
Name ERNESTINA, CABRERA  
Address 1360 45TH ST  
City-State-Zip: ORLANDO FL 32839

Title O  
Name SANDRA, MICHAELA SMART  
Address 1401 41ST  
City-State-Zip: ORLANDO FL 32839

Title DR  
Name GEORGES, ELIJAH M  
Address 1401 41ST ST  
City-State-Zip: ORLANDO FL 32839

*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: ALFRED P. GEORGES**

**D**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date