2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 721925

Entity Name: OAKLAND HILLS SOCIAL CENTER, INC.

Current Principal Place of Business:

800 SW 51ST AVENUE
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

800 SW 51ST AVENUE
MARGATE, FL 33068

New Mailing Address:

FEI Number: 23-7279004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNSTEIN, EDWARD
800 SW 51ST AVE
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOSES, STEPHEN
Address: 751 S W54TH AVE
City-St-Zip: MARGATE, FL 33068

Title: VPD ( ) Delete
Name: LEWIS, WALLACE J
Address: 930 SW 51ST AVE
City-St-Zip: MARGATE, FL 33068

Title: 2VPD (X) Delete
Name: SCHWARTZ, MARVIN
Address: 860 SW 49TH TER
City-St-Zip: MARGATE, FL 33068

Title: RS ( ) Delete
Name: FARNHAM, HARRIET
Address: 5330 SW 8TH CT
City-St-Zip: MARGATE, FL 33068

Title: CS ( ) Delete
Name: FAIRWEATHER, THERESA
Address: 4955 SW 9TH ST
City-St-Zip: MARGATE, FL 33068

Title: T D ( ) Delete
Name: BERNSTEIN, EDWARD
Address: 870 SW 49TH WAY
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: EDWARD BERNSTEIN   TD   01/10/2005

Electronic Signature of Signing Officer or Director   Date