## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#721925** 

FILED Apr 15, 2009 Secretary of State

Entity Name: OAKLAND HILLS SOCIAL CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 800 SW 51ST AVENUE MARGATE, FL 33068 **Current Mailing Address: New Mailing Address:** 800 SW 51ST AVENUE MARGATE, FL 33068 FEI Number: 23-7279004 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: BERNSTEIN, EDWARD BERNSTEIN, EDWARD M 800 SW 51ST AVE 800 SW 51ST AVE MARGATE, FL 33068 US MARGATE, FL 33068 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: EDWARD M BERNSTEIN 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEWIS, WALLACE J Name: Name: 930 SW 51ST AVE Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition STUART, ROBERTS Name: Name: Address: 815 SW 49TH WAY Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KENDRA, MOLLO Name: FAIRWEATHER, THERESA Name: Address: 4980 SW 7CT Address: 4955 SW 9TH ST City-St-Zip: MARGATE, FL 33068 City-St-Zip: MARGATE, FL 33068 Title: CS ( ) Delete Title: () Change () Addition FAIRWEATHER, THERESA Name: Name: 4955 SW 9TH ST Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

BERNSTEIN, EDWARD M

870 SW 49TH WAY

MARGATE, FL 33068

SIGNATURE: EDWARD M BERNSTEIN TD 04/15/2009

BERNSTEIN, EDWARD

870 SW 49TH WAY

MARGATE, FL 33068

Name:

Address:

City-St-Zip: