

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722295 (3)
1. Corporation Name
COMMUNITY HABILITATION CENTER, INC.

Principal Place of Business Mailing Address
**11450 S.W. 79TH ST.
MIAMI FL 33173** **11450 S.W. 79TH ST.
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/20/1971** 3a. Date of Last Report **03/08/1994**
4. FEI Number **23-7171039** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DICKSON EILEEN
8201 SW 142 AVE
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	T/T
NAME	MODER, JOSEPH	1.2 NAME	MODER, JOSEPH
STREET ADDRESS	7801 SW 133 TERR	1.3 STREET ADDRESS	7801 SW 133 TERR
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33176
TITLE	SD	2.1 TITLE	V/T
NAME	KYLE, DIANE	2.2 NAME	THOMAS WHITE
STREET ADDRESS	6515 SW 99 AVE	2.3 STREET ADDRESS	6990 S.W. 57 STREET
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL 33143
TITLE	D	3.1 TITLE	C/T
NAME	DICKSON, EILEEN	3.2 NAME	DANIELS, DAN
STREET ADDRESS	8201 SW 142ND AVE	3.3 STREET ADDRESS	9863 SW 221 TERR.
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI FL 33190
TITLE	D	4.1 TITLE	2V/T
NAME	MASRI, SAM	4.2 NAME	MASRI, SAM
STREET ADDRESS	11325 SW 97TH AVE	4.3 STREET ADDRESS	11325 SW 97 AVE
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI FL 33176
TITLE	D	5.1 TITLE	T/B
NAME	GROSSMAN, FRANCHINE	5.2 NAME	BARBARA GALLIAN
STREET ADDRESS	13555 SW 190 ST	5.3 STREET ADDRESS	9615 HATIAN DRIVE
CITY - ST - ZIP	MIAMI, FL 33000	5.4 CITY - ST - ZIP	MIAMI FL 33189
TITLE	D	6.1 TITLE	T
NAME	MCCLAIN, PAUL	6.2 NAME	ROBERT ABELE
STREET ADDRESS	5505 E 8 AVE	6.3 STREET ADDRESS	8335 SW 72 AVENUE
CITY - ST - ZIP	HALEAH FL	6.4 CITY - ST - ZIP	MIAMI FL 33143

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL O. DANIELS

4/13/95 305 279-7999
Date Daytime Phone