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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # 722295 (3)

1. Corporation Name
**COMMUNITY HABILITATION CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11450 S.W. 79TH ST.<br>MIAMI FL 33173 | 11450 S.W. 79TH ST.<br>MIAMI FL 33173 |

3. Date Incorporated or Qualified: 12/20/1971

4. FEI Number: 23-7171039 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Tv<br>MCCLAIN, PAUL<br>5505 EAST 6TH AVE<br>HEALEAH FL 33013 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | C Tv<br>MODER, JOE<br>7801 SW 133 TERRACE<br>MIAMI FL 33176 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Tv<br>PASCHAL, CARL<br>20223 SW 103 AVENUE<br>MIAMI FL 33189 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V Tv<br>KYLE, DIANE<br>6515 SW 99 AVENUE, MIAMI FL 33173 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Tv<br>TRACY, EDITH<br>14121 SW ~~84TH TERRACE~~ 74 TERRACE<br>MIAMI FL ~~33157~~ 33183 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S Tv<br>GALLIAN, BARBARA<br>9615 HATIAN DRIVE<br>MIAMI FL 33189 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Tv<br>WEIDMAN, ALICE<br>8941 SW 160 STREET<br>MIAMI FL 33157 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | T Tv<br>MAZZARELLA, JOHN<br>1900 BISCAYNE BLVD.<br>MIAMI FL 33132 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Tv<br>VAZQUEZ, ROSARIO<br>15106 SW 140 COURT<br>MIAMI FL 33186 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V Tv<br>~~SAM~~ MASRI, SAM<br>11325 SW 97 AVENUE<br>MIAMI FL 33176 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>MATAMOROS, LOURDES<br>15615 SW 61 TERRACE<br>MIAMI FL 33193 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☒ Addition |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Lourdes Matamoros LOURDES MATAMOROS 4/24/98 305 279-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032850