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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722295

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/20/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7171039 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	TR	☐ DELETE	1.1 TITLE	C TR	☐ Change ☒ Addition
NAME	MCCLAIN, PAUL		1.2 NAME	MAZZARELLA, JOHN	
STREET ADDRESS	5505 EAST 6TH AVE		1.3 STREET ADDRESS	1900 BISCAYNE BLVD	
CITY-ST-ZIP	HEALEAH FL 33013		1.4 CITY-ST-ZIP	MIAMI FL 33132	
TITLE	TR	☐ DELETE	2.1 TITLE	VCH TR	☐ Change ☒ Addition
NAME	PASCHAL, CARL		2.2 NAME	KYLE, DIANE	
STREET ADDRESS	20223 SW 103 AVENUE		2.3 STREET ADDRESS	6515 SW 99 AVENUE	
CITY-ST-ZIP	MIAMI FL 33189		2.4 CITY-ST-ZIP	~~MIAMI FL 33173~~	
TITLE	TR	☐ DELETE	3.1 TITLE	VCH TR	☐ Change ☒ Addition
NAME	TRACY, EDITH		3.2 NAME	MASRI, SAM	
STREET ADDRESS	74 TERRACE		3.3 STREET ADDRESS	11325 SW 97 AVENUE	
CITY-ST-ZIP	MIAMI FL 33183		3.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TR	☐ DELETE	4.1 TITLE	T TR	☐ Change ☒ Addition
NAME	WEIDMAN, ALICE		4.2 NAME	MODER, JOSEPH	
STREET ADDRESS	8941 SW 160 STREET		4.3 STREET ADDRESS	7801 SW 133 TERRACE	
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TR	☐ DELETE	5.1 TITLE	S TR	☐ Change ☒ Addition
NAME	VAZQUEZ, ROSARIO		5.2 NAME	GURRUCHAGA, DIANA BELLO	
STREET ADDRESS	15106 SW 140 COURT		5.3 STREET ADDRESS	2740 SW 118 AVENUE	
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	M	☐ DELETE	6.1 TITLE	TR	☐ Change ☒ Addition
NAME	MATAMOROS, LOURDES		6.2 NAME	LEWIS, GLORIA	
STREET ADDRESS	15615 SW 61 TERRACE		6.3 STREET ADDRESS	8775 SW 96 STREET	
CITY-ST-ZIP	MIAMI FL 33183		6.4 CITY-ST-ZIP	MIAMI FL 33176	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: EDITH D TRACY **SIGNATURE REQUIRED** Edith D Tracy 4-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #