

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722295

FILED
Mar 16, 2007
Secretary of State

Entity Name: COMMUNITY HABILITATION CENTER, INC.

Current Principal Place of Business:

11450 S.W. 79TH ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11450 S.W. 79TH ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 23-7171039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAZZARELLA, JOHN
11450 SW 79 ST.
MIAMI, FL 33173 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: P () Delete
Name: ALFONSO, RICK
Address: 12384 SW 82ND AVE
City-St-Zip: PINECREST,, FL 33156

Title: D () Delete
Name: JAMES, LORETTA
Address: 13935 SW 102 COURT
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MARTINEZ, SUSAN
Address: 14435 SW 95TH AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: KYLE, DIANE
Address: 6515 SW 99TH AVE
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: BRIAN, BRODEUR
Address: 5685 SW 85TH STREET
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: SERIG, JACK
Address: 9021 SW 140 ST.
City-St-Zip: MIAMI, FL 33176

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
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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 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.

SIGNATURE: JOHN MAZZARELLA

DIR

03/16/2007

Electronic Signature of Signing Officer or Director

Date