

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722295

FILED
Jan 14, 2009
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 ()

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: MAZZARELLA, JOHN
Address: 10733 SW 129 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MATAMOROS, LOURDES
Address: 11461 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: FULLER, PAUL
Address: 11461 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: SUERIAS, ALBERT
Address: 9495 SUNSET DR
City-St-Zip: MIAMI, FL 33173

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

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: T (X) Change () Addition
Name: LEFFIN, MARC
Address: 18851 NE 29TH AVE
City-St-Zip: MIAMI, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOHN MAZZARELLA

MR

01/14/2009

Electronic Signature of Signing Officer or Director

Date