FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
11460 S.W. 79TH ST. MIAMI FL 33173	11460 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VCD	1.1 TITLE	T/Tr	☒ Change ☐ Addition
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	VC/Tr	☐ Change ☒ Addition
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	S/Tr	☒ Change ☒ Addition
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	2VC/Tr	☒ Change ☐ Addition
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	Tr	☐ Change ☒ Addition
NAME	~~GROSSMAN, FRANCINE~~	5.2 NAME	BARBARA GALLIAN	
STREET ADDRESS	~~13555 SW 190 ST~~	5.3 STREET ADDRESS	9615 HATIAN DRIVE	
CITY-ST-ZIP	~~MIAMI, FL 00000~~	5.4 CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	6.1 TITLE	Tr	☐ Change ☒ Addition
NAME	MCCLAIN, PAUL	6.2 NAME	C. ROBERT ABELE	
STREET ADDRESS	5505 E 6 AVE	6.3 STREET ADDRESS	8339 SW 72 AVENUE	
CITY-ST-ZIP	HIALEAH 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 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: _____ 4/13/95 305 279-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL O. DANIELS

0444979