2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003330

FILED Apr 20, 2004 Secretary of State

Entity Name: COMMUNITY PARTNERSHIP FOR HOMELESS, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1550 N. MIA MIAMI, FL (
Current Mailing Address:			New Maili	New Mailing Address:		
1550 NORT MIAMI, FL (TH MIAMI AVEI 33136 US	NUE				
FEI Number: (65-0425069	FEI Number Applied For()	FEI Number Not Appl	icable () Certifi	cate of Status Desired()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:	
VINCENT, I 1550 N MIA MIAMI, FL (MI AVE					
The above r in the State		ubmits this statement for the pu	urpose of changing it	s registered office or	registered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () CHAPMAN, ALVA 1 HERALD PLAZ MIAMI, FL 3313	ZA 6TH FLOOR	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	TD () MIGOYA, CARLO 200 S. BISCAYN MIAMI, FL 3313	IE BLVD.	Title: Name: Address: City-St-Zip:	TD (X) Change HUDSON, SHERRILL V 201 S. BISCAYNE BLV MIAMI, FL 33131		
Title: Name: Address: City-St-Zip:	SD () LEWIS, LYNN B 1390 BRICKELL MIAMI, FL 3313	. AVE. STE. 280	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	D () ARMSTRONG, J 4911 ALHAMBR CORAL GABLES	A CIRCLE	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	D () HASHAGEN, JOI 777 BRICKELL / MIAMI, FL 3313	AVE	Title: Name: Address: City-St-Zip:	()Change	e()Addition	
Title: Name: Address: City-St-Zip:	C () RAYGOODE, R 3600 NW 82 AVI MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	C (X) Change RAY GOODE, R 3600 NW 82 AVE MIAMI, FL 33166	e () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R. RAY GOODE C 04/20/2004