

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722295

**Entity Name:** COMMUNITY HABILITATION CENTER, INC.**Current Principal Place of Business:**11450 S.W. 79TH ST.  
MIAMI, FL 33173**Current Mailing Address:**11450 S.W. 79TH ST.  
MIAMI, FL 33173 US**FEI Number:** 23-7171039**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WONG, NATALIA  
11450 SW 79 STREET  
MIAMI, FL 33173 US*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:** NATALIA WONG

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR	Title	DIRECTOR OF SOCIAL SERVICES
Name	WONG, NATALIA	Name	MATAMOROS, LOURDES
Address	11450 S.W. 79TH ST.	Address	11450 S.W. 79TH ST.
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173
Title	CHAIR	Title	VICE-CHAIR
Name	REYNOSO, ALFREDO	Name	MEMBIELA, ROYMI
Address	325 ALMERIA AVENUE	Address	8600 NW 41ST STREET
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33166
Title	SECRETARY	Title	TREASURER
Name	ARGUDIN, ALEJANDRA	Name	VAZQUEZ, BEATRIZ
Address	40 N.W. THIRD STREET SUITE 1103	Address	100 SE 2ND ST. SUITE 1700
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** NATALIA WONG**EXECUTIVE DIRECTOR**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date