## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000010622

Entity Name: ALBERT C. PIERRE COMMUNITY SERVICE CENTER, INC.

FILED
Jul 12, 2016
Secretary of State
CC0216542258

## **Current Principal Place of Business:**

8017 N.E. 2ND AVE MIAMI, FL 33138

## **Current Mailing Address:**

8017 N.E. 2ND AVE MIAMI, FL 33138 US

FEI Number: 34-2023275 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DIAMBOIS, DOMINIQUE 8017 N.E. 2ND AVE MIAMI, FL 33138 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: DOMINIQUE DIAMBOIS 07/12/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title ASST. TREASURER Title DIRECTOR

Name PHILOSSAINT, ADLEY Name CARRINGTON, SELWYN

Address 345 NW 99TH STREET Address 20230 NW 4 AVE

City-State-Zip: MIAMI FL 33150 City-State-Zip: MIAMI GARDENS FL 33169

Title TREASURER Title SECRETARY

Name AUGUSTE, WINDA S Name DIAMBOIS, DOMINIQUE

Address 9528 NW 2ND COURT Address 8017 N.E. 2ND AVE

Address 9528 NW 2ND COURT Address 8017 N.E. 2ND AVE
City-State-Zip: MIAMI FL 33150 City-State-Zip: MIAMI FL 33138

Title DIRECTOR

Name NEDD, KENNETH J Address 8017 N.E. 2ND AVE City-State-Zip: MIAMI FL 33138

SIGNATURE: WINDA AUGUSTE

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.

Electronic Signature of Signing Officer/Director Detail

TREASURER

07/12/2016