

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757751

FILED
Apr 06, 2009
Secretary of State

Entity Name: COMMUNITY HUMAN SERVICE FOUNDATION NON-PROFIT, INC.

Current Principal Place of Business:

701 NW 1ST COURT
1000
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

C/O OVERTOWN TRANSIT VILLAGE NORTH
701 NW 1ST COURT, STE. 1000
MIAMI, FL 33136

New Mailing Address:

701 NW 1ST COURT
1000
MIAMI, FL 33136

FEI Number: 59-2163754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, LILLIE M
1180 NW 50TH STREET
MIAMI, FL 33127 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: D (X) Delete
Name: COTO, MARIA V
Address: 240 NW 21ST ST SUITE 104
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: WILLIAM, LILLIE M
Address: 1180 NW 50TH ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MCKINNEY, VALDA E
Address: 10160 NW 54 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: AED () Delete
Name: ATKINS, WILLIAM S
Address: 701 NW 1ST COURT, SUITE 1000
City-St-Zip: MIAMI, FL 33136

Title: 1VP () Delete
Name: GURMAN, MARK
Address: 8205 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33014

Title: PD () Delete
Name: FORDHAM, MILTORIA
Address: 3000 BISCAYNE BLVD. STE 102
City-St-Zip: MIAMI, FL 33137

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: AED (X) Change () Addition
Name: FORDE-KING, CHRISTINE
Address: 701 NW 1ST COURT, SUITE 1000
City-St-Zip: MIAMI, FL 33136

Title: 1VP (X) Change () Addition
Name: GURMAN, MARK
Address: 1705 NE 5TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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: MILTORIA FORDHAM

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date