FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:57

DOCUMENT # **765986** **(5)**

1. Corporate Name

C. H. C. AUXILIARY ACTION CORPS., INC.

Principal Place of Business	Mailing Address
11450 SW 79TH STREET MIAMI FL 33173	11450 SW 79TH STREET MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982	3a. Date of Last Report: 05/01/1994	
4. FEI Number: 59-2434730		Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICKSON, EILEEN 8201 SW 142 AVE MIAMI FL 33183	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MAGANA, MARY	1.2 NAME	MAGANA, MARY
STREET ADDRESS	17025 SW 122 AVENUE	1.3 STREET ADDRESS	17025 S.W 122 AVENUE
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	MIAMI FL
TITLE	D	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	~~FURBER, DOROTHY~~	2.2 NAME	BARBARA GALLIAN
STREET ADDRESS	11825 SW 107 AVENUE	2.3 STREET ADDRESS	9615 HATIAN DRIVE
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	MIAMI FL 33189
TITLE	TD	3.1 TITLE	V/D ☐ Change ☐ Addition
NAME	PETERSEN, JANET	3.2 NAME	MILDRED STANIEWICZ
STREET ADDRESS	18545 S.W. 293 TERRACE	3.3 STREET ADDRESS	8945 SW 99 STREET
CITY, ST, ZIP	HOMESTEAD FL	3.4 CITY, ST, ZIP	MIAMI FL
TITLE	TD	4.1 TITLE	V/D ☒ Change ☐ Addition
NAME	~~TRACY, EDITH~~	4.2 NAME	ALWILDA MORAN
STREET ADDRESS	14121 SW 74 TERR	4.3 STREET ADDRESS	9615 HATIAN DRIVE
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	MIAMI FL ~~33189~~ 33176
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, BARBARA	5.2 NAME	
STREET ADDRESS	9863 SW 221 TERRACE	5.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

REMITTED BY MAY 1

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)(k), 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: Barbara Gallian — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 (Date) 279-7999 (Daytime Phone #)

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