

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765986

FILED
Apr 09, 2005
Secretary of State

Entity Name: C. H. C. AUXILIARY ACTION CORPS., INC.

Current Principal Place of Business:

11450 SW 79TH STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11450 SW 79TH STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-2434730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEEKS, GLORIA
7301 SW 35TH ST
MIAMI, FL 33155 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: P () Delete
Name: MEEKS, GLORIA
Address: 7301 SW 35 ST.
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: HARTNETT, ISABELLE
Address: 3540 SW 105 AVE.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: SERIG, LOURDES
Address: 9021 SW 140 ST.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WEIDMAN, ALICE
Address: 8941 SW 160 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: TRACY, EDITH
Address: 14121 SW 74 TERRACE
City-St-Zip: MIAMI, FL 33183

Title: T () Delete
Name: VAUGHAN, PEGGY
Address: 21851 SW 98 AVE.
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SUSI, SONIA
Address: 11320 S.W. 57 STREET
City-St-Zip: MIAMI, FL 33173

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLORIA MEEKS

P

04/09/2005

Electronic Signature of Signing Officer or Director

Date