2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765986

FILED Jan 14, 2009 Secretary of State

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

Littly Nai	ile. O. H. O. /	AUXILIART ACTION CORFS., I	INC.	
Current Principal Place of Business:			New Principal Place	of Business:
11450 SW MIAMI, FL	79TH STREE 33173	Т		
Current Mailing Address:			New Mailing Address:	
11450 SW MIAMI, FL	79TH STREE 33173	Т		
FEI Number:	: 59-2434730	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ELA, JOHN P 129 PLACE 33186 US	RES		
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUF	RE:			
	Electron	nic Signature of Registered Age	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (MAZZARELLA, 10733 SW 129 MIAMI, FL 331	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (MATAMOROS, 11461 SW 81 ⁻ MIAMI, FL 331	TERR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D (FULLER, PAUL 11462 SW 83 : MIAMI, FL 331		Title: Name: Address:	() Change () Addition
City-St-Zip:	,	83	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: JOHN MAZZARELLA MR. 01/14/2009