

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005828

FILED
May 17, 2009
Secretary of State

Entity Name: CHEMICAL PEOPLE TASK FORCE OF CHERRY HILL, INC.

Current Principal Place of Business:

2700 SEAMON AVENUE
BALTIMORE, MD 21227

New Principal Place of Business:

Current Mailing Address:

2700 SEAMON AVENUE
BALTIMORE, MD 21227

New Mailing Address:

FEI Number: 52-1468913 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOUMARE, TRINA S CAD
3106 N.W. 4TH TERRACE
#3
POMPANO BEACH, FL 33064 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROWN, CATHY
Address: 1009 VERONICA AVENUE
City-St-Zip: BALTIMORE, MD 21225

Title: VC () Delete
Name: PARKER, CELESTINE
Address: 904 BETHUNE ROAD
City-St-Zip: BALTIMORE, MD 21225

Title: D () Delete
Name: DIGGS, SHARON
Address: 1617 ROSS ROAD
City-St-Zip: FORREST HILL, MD 21050

Title: T () Delete
Name: YOUNG, ERNEST
Address: 257 W. LANVAL ST.
City-St-Zip: BALTIMORE, MD 21217

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: () 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: SHARON DIGGS

D

05/17/2009

Electronic Signature of Signing Officer or Director

Date