

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004520

FILED
Apr 25, 2007
Secretary of State

Entity Name: INSTITUTE OF HUMAN & COMMUNITY DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

450 PALM CIR W #203
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

450 PALM CIR W #203
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 74-3041597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATOR, CERGINE M
450 PALM CIR W #203
PEMBROKE PINES, FL 33025 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: C () Delete
Name: MERITIL,
Address: 116 BISHOP STREET
City-St-Zip: BROCKTON, MA 02302

Title: VC () Delete
Name: TELUSMA, JEAN F
Address: 623 RIVER ST
City-St-Zip: MATTAPAN, MA 02126

Title: D () Delete
Name: LATAILLADE, MARIO
Address: 668 NE 72 TERRACE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MULLER, NANCY
Address: 3601 SW 48 AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: P () Delete
Name: CATOR-EUSEBE, CERGINE N
Address: 450 PALM CIR W #203
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: CESAR, NICOLE
Address: 280 HUM BOLT AVE #5
City-St-Zip: DORCHESTER, MA 02121

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: CERGINE M. CATOR-EUSEBE

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date