# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2006**
**Secretary of State**

DOCUMENT# N00000006290

**Entity Name:** COSAC HOMELESS ASSISTANCE CENTER, INC.

**Current Principal Place of Business:**

4611 S. UNIVERSITY DR., PMB 157
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4611 S. UNIVERSITY DR., PMB 157
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number: 65-1035076** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONINIE, SEAN
7508 GRANT CT.
HOLLYWOOD, FL 33024 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: D ( ) Delete
Name: CONONIE, SEAN
Address: 7508 GRANT CT.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete
Name: TARGETT, MARK
Address: 7508 GRANT CT.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete
Name: CROSS, LOIS
Address: 6570 LEE ST.
City-St-Zip: HOLLYWOOD, FL 33024

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN CONONIE D 01/07/2006

Electronic Signature of Signing Officer or Director — Date