

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006290

FILED
May 09, 2010
Secretary of State

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 ()**
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:

CONINIE, SEAN
7508 GRANT CT.
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

CONONIE, SEAN
7508 GRANT CT.
HOLLYWOOD, FL 33024 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: LOIS A CROSS

05/09/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CONONIE, SEAN
Address: 7508 GRANT CT.
City-St-Zip: HOLLYWOOD, FL 33024

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

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

I hereby 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 all other like empowered.

SIGNATURE: LOIS A CROSS

D

05/09/2010

Electronic Signature of Signing Officer or Director

Date