

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006290

**FILED**  
**Apr 27, 2011**  
**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 ( )**

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

CONONIE, 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  
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

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date