2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007313

FILED Feb 23, 2005 Secretary of State

Entity Name: SOCIAL HUMANE APPRECIATION RELIEF PROJECT COMMUNITY DEVELOPMENT AND BETTERMENT

CORPORATION

Current Principal Place of Business: New Principal Place of Business:

16700 S W 102ND AVENUE MIAMI, FL 33157 US

Current Mailing Address: New Mailing Address:

16700 S W 102ND AVENUE MIAMI, FL 33157

FEI Number: 65-1052936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WARNER, LEVAN M 20315 N W 34TH AVENUE OPA-LOCKA, FL 330561850 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 FERGUSON, BETY
 Name:
 FERGUSON, BETTY

 Address:
 16700 S W 102ND AVENUE
 Address:
 16700 S W 102ND AVENUE

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: SD () Delete Title: () Change () Addition

 Name:
 GOODEN, DELROY
 Name:

 Address:
 20351 S W 117TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 LESLIE, MARY ANN
 Name:

 Address:
 10520 S W 149TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY FERGUSON PD 02/23/2005