


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 026 ****69.00

DOCUMENT # N02000003974 1. Entity Name CENTER ON NONPROFIT EFFECTIVENESS, INC.					
Principal Place of Business 3250 S.W. THIRD AVE MIAMI, FL 33129			Mailing Address 3250 S.W. THIRD AVE MIAMI, FL 33129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3657518	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHOTTHOEFER, LINDA 3250 SW THIRD AVENUE MIAMI, FL 33129			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED		TITLE		
NAME	SCHOTTHOEFER, LINDA		NAME		
STREET ADDRESS	3250 SW THIRD AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33129		CITY - ST - ZIP		
TITLE	DC		TITLE		
NAME	GRANT, CHARISSE		NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 505		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33131		CITY - ST - ZIP		
TITLE	DCE		TITLE		
NAME	MARCUS, STEVEN E		NAME		
STREET ADDRESS	601 BRICKELL KEY DR STE 901		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33131		CITY - ST - ZIP		
TITLE	DVC		TITLE		
NAME	PIZARRO, MARTA		NAME		
STREET ADDRESS	12711 SW 66TH TERRACE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33183		CITY - ST - ZIP		
TITLE	DS		TITLE		
NAME	DONWORTH, MARY		NAME		
STREET ADDRESS	3250 SW THIRD AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33129		CITY - ST - ZIP		
TITLE	DT		TITLE		
NAME	ECHOLS, KAREN E		NAME		
STREET ADDRESS	172 NE 15TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda Schotthoefer</i> 7/19/05 305-6416-7083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					