2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N02000003974

Entity Name: CENTER ON NONPROFIT EFFECTIVENESS, INC.

Current Principal Place of Business:

3250 S.W. THIRD AVE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3250 S.W. THIRD AVE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 04-3657518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOTTHOEFER, LINDA
3250 SW THIRD AVENUE
MIAMI, FL 33129 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:	ED	( ) Delete
Name:	SCHOTTHOEFER, LINDA	
Address:	3250 SW THIRD AVE	
City-St-Zip:	MIAMI, FL 33129	
Title:	DC	( ) Delete
Name:	GRANT, CHARISSE	
Address:	200 SOUTH BISCAYNE BLVD STE 505	
City-St-Zip:	MIAMI, FL 33131	
Title:	DCE	( ) Delete
Name:	MARCUS, STEVEN E	
Address:	601 BRICKELL KEY DR STE 901	
City-St-Zip:	MIAMI, FL 33131	
Title:	DVC	( ) Delete
Name:	PIZARRO, MARTA	
Address:	12711 SW 66TH TERRACE DRIVE	
City-St-Zip:	MIAMI, FL 33183	
Title:	DS	( ) Delete
Name:	DONWORTH, MARY	
Address:	3250 SW THIRD AVE	
City-St-Zip:	MIAMI, FL 33129	
Title:	DT	( ) Delete
Name:	ECHOLS, KAREN E	
Address:	172 NE 15TH STREET	
City-St-Zip:	MIAMI, FL 33132	

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:	
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: LINDA SCHOTTHOERFER ED 04/04/2006

Electronic Signature of Signing Officer or Director — Date