## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003974

FILED Jun 24, 2008 Secretary of State

Entity Name: CENTER ON NONPROFIT EFFECTIVENESS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3250 S.W. THIRD AVE MIAMI, FL 33129 **Current Mailing Address: New Mailing Address:** 3250 S.W. THIRD AVE MIAMI, FL 33129 FEI Number: 04-3657518 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: SCHOTTHOEFER, LINDA 3250 SW THIRD AVENUE MIAMI, FL 33129 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: () Change () Addition () Delete SCHOTTHOEFER, LINDA Name: Name: 3250 SW THIRD AVE Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: Title: DC () Delete Title: (X) Change ( ) Addition GRANT, CHARISSE Name: Name: CORREA, DAVID Address: 200 SOUTH BISCAYNE BLVD STE 505 Address: 1001 BRICKELL BAY DRIVE, SUITE 2700 City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: DCE () Delete Title: DS (X) Change ( ) Addition MARCUS, STEVEN E Name: LEHMAN, JODY Name: 601 BRICKELL KEY DR STE 901 11021 SW 69 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: PINECREST, FL 33156 Title: DS ( ) Delete Title: (X) Change ( ) Addition DONWORTH, MARY Name: Name: PATRICK, MORRIS 3250 SW THIRD AVE 3250 SW THIRD AVE Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33129 Title: DT () Delete Title: (X) Change ( ) Addition ECHOLS, KAREN E ECHOLS, KAREN E Name: Name: 172 NE 15TH STREET 1601 BISCAYNE BLVD. Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: ( ) Change (X) Addition JOHN, HARRIS Name: Name: Address: Address: 6916 STERLING ROAD HOLLYWOOD, FL 33024 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 SCHOTTHOEFER ED 06/24/2008