

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003974

FILED
May 18, 2009
Secretary of State

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 (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 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:

Title: ED () Delete
Name: SCHOTTHOEFER, LINDA
Address: 3250 SW THIRD AVE
City-St-Zip: MIAMI, FL 33129

Title: DC () Delete
Name: CORREA, DAVID
Address: 1001 BRICKELL BAY DRIVE, SUITE 2700
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: LEHMAN, JODY
Address: 11021 SW 69 AVENUE
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: PATRICK, MORRIS
Address: 3250 SW THIRD AVE
City-St-Zip: MIAMI, FL 33129

Title: DT () Delete
Name: ECHOLS, KAREN E
Address: 1601 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: JOHN, HARRIS
Address: 6916 STERLING ROAD
City-St-Zip: HOLLYWOOD, FL 33024

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: D (X) Change () Addition
Name: LEILA, CHANG-RIPICH
Address: 3250 SW THIRD AVE
City-St-Zip: MIAMI, FL 33129

Title: DT (X) Change () Addition
Name: ERNIE, SAUMELL
Address: 1111 BRICKELL AVENUE, SUITE 2801
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
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

05/18/2009

Electronic Signature of Signing Officer or Director

Date