

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003974

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** CENTER ON NONPROFIT EFFECTIVENESS, INC.

**Current Principal Place of Business:**

425 N.W. 26TH ST.  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

425 N.W. 26TH ST.  
MIAMI, FL 33127

**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:**

RIPICH, LEILA  
425 N.W. 26TH ST.  
MIAMI, FL 33127 US

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

COLE, STEFANIE  
425 N.W. 26TH ST.  
MIAMI, FL 33127 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: STEFANIE COLE

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: E.D.  
Name: COLE, STEFANIE  
Address: 425 NW 26 STREET  
City-St-Zip: MIAMI, FL 33127

Title: CHA  
Name: LEHMAN, JODY  
Address: 425 NW 26 STREET  
City-St-Zip: MIAMI, FL 33127

Title: DT  
Name: SAUMELL, ERNIE  
Address: 425 NW 26 STREET  
City-St-Zip: MIAMI, FL 33127

I hereby 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 all other like empowered.

SIGNATURE: STEFANIE COLE

E.D.

02/17/2011

Electronic Signature of Signing Officer or Director

Date