
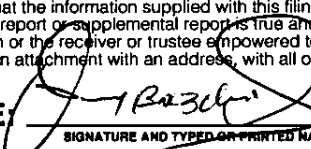


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 047 ****61.25

DOCUMENT # N02000005997 1. Entity Name COMMUNITY SOCIAL HELP FOUNDATION, CORP.					
Principal Place of Business 333 SOUTHEAST 2ND AVENUE DELRAY BEACH, FL 33483			Mailing Address 333 SOUTHEAST 2ND AVENUE DELRAY BEACH, FL 33483		
2. Principal Place of Business 206 S.E. 2nd Street Suite, Apt. #, etc.		3. Mailing Address 206 S.E. 2nd Street Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 32-0031906	
Zip 33483	Country USA	Zip 33483	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAZELAIS, SIMON 3201 MAHOGANY DRIVE BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	ED BAZELAIS, SIMON 3201 MAHOGANY DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANON, MAGALIE 101 S.W. 8TH COURT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZELAIS, ALICIANE 120 NW 1 AVENUE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEUS, MAGLOIRE 388 SOUTHEAST 2ND AVENUE DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gabriel Joseph 914 S.W 9th Street Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAZELAIS, EDDIE 643 KINGBIRD CIRCLE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  SIMON BAZELAIS 04/18/05 561-276-9261 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04182005 Chg-NP CR2E037 (10/03)