

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005997

1. Entity Name
COMMUNITY SOCIAL HELP FOUNDATION, CORP.



Principal Place of Business
**206 S.E. 2ND STREET
DELRAY BEACH, FL 33483**

Mailing Address
**206 S.E. 2ND STREET
DELRAY BEACH, FL 33483**



04012006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0031906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAZELAIS, SIMON
3201 MAHOGANY DRIVE
BOYNTON BEACH, FL 33436**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	BAZELAIS, SIMON
STREET ADDRESS	3201 MAHOGANY DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	SANON, MAGALIE
STREET ADDRESS	101 S.W. 8TH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	BAZELAIS, ALICIANE
STREET ADDRESS	120 NW 1 AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	GABRIEL, JOSEPH
STREET ADDRESS	914 S.W. 9TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	BAZELAIS, EDDIE
STREET ADDRESS	643 KINGBIRD CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/19/06-80096-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMON BAZELAIS

DATE

Daytime Office #

04/01/06 561)276-926