

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006259

FILED
Apr 28, 2005
Secretary of State

Entity Name: COMMUNITY HEALTH INITIATIVES CENTER, INC.

Current Principal Place of Business:

39 SW BLACKBURN TERR
#B-6
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2772
STUART, FL 349952772

New Mailing Address:

FEI Number: 51-0433916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILMAR, JEAN
39 SW BLACKBURN TERRACE #B-6
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: DAVILMAR, JEAN
Address: 39 SW BLACKBURN TERR #B-6
City-St-Zip: STUART, FL 34997

Title: VTD () Delete
Name: KERSAINT, ROSE C
Address: 165 SW CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: DORVILUS, LEMEL
Address: 14576 KEYLIME BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: HONORE, LESLY
Address: 905 UNIONDALE AVE
City-St-Zip: UNIONDALE, NY 11553

Title: D () Delete
Name: VALLADARES, HORATIO
Address: 4379 WALDEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: SUSSER, GARY
Address: 2755 S. FEDERAL HWY #13
City-St-Zip: W. PALM BEACH, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BRUTUS, ARLY
Address: 1379 CAMELIA ST
City-St-Zip: RIVERDALE, GA 30296

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DORVILUS, LEMEL
Address: 14576 KEYLIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN DAVILMAR

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date