

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001962

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NON-PROFIT ASSISTANCE CENTER, INC.

**Current Principal Place of Business:**

1231 N.W 193RD AVE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

18459 PINES BLVD  
SUITE 419  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1231 N.W 193RD AVE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

18459 PINES BLVD  
SUITE 419  
PEMBROKE PINES, FL 33029

**FEI Number:** 33-1058314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, IRWIN  
1231 N.W 193RD AVE  
PEMBROKE PINES, FL 33029 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:** P  
**Name:** WILLIAMS, IRWIN  
**Address:** 1231 NW 193 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029

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:** IRWIN WILLIAMS

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date