## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005185

FILED May 01, 2005 Secretary of State

Entity Name: CELLULAR HEALTH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

831 SW 10TH STREET FT. LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

831 SW 10TH STREET FT. LAUDERDALE, FL 33315

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONATHAN, JONES 831 SW 10TH STREET FT. LAUDERDALE, FL 33315 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic Signature of Registered Age

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 JONES, JONATHAN E
 Name:
 JONES, JOANNDA

 Address:
 831 SW 10TH STREET
 Address:
 831 SW 10TH STREET

City-St-Zip: FT. LAUDERDALE, FL 33315 US City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 DANIEL, AARON JR.
 Name:
 JONES, JONATHAN

 Address:
 831 SW 10TH STREET
 Address:
 831 SW 10TH STREET

City-St-Zip: FT. LAUDERDALE, FL 33315 US City-St-Zip: FT. LAUDERDALE, FL 33315 US

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: JONATHAN JONES VP 05/01/2005