

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005360

FILED
Apr 30, 2008
Secretary of State

Entity Name: HERMON COMMUNITY SERVICES CENTER ,INC.

Current Principal Place of Business:

6102 FILLMORE ST.
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7649 SHALIMAR
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 54-2116259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIS, KENOL
7649 SHALIMAR
MIRAMAR, FL 33023 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: ED/C () Delete
Name: ARIS, KENOL
Address: 7649 SHALIMAR STREET
City-St-Zip: MIRAMAR, FL 33023

Title: C () Delete
Name: MOISE, GARRY
Address: 3013 SW 67 TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: S () Delete
Name: OBAS, ROSE VIVIANE
Address: 3014 SW 142ND AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: DEROGNE, MACKINGTON
Address: 1065 NW 106 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P () Delete
Name: JANVIER, JEAN ANDRE
Address: 11998 NE 16 AVE APT 107
City-St-Zip: MIAMI, FL 33161

Title: C () Delete
Name: PLUVIOSE, CHRISTIAN
Address: 3014 SW 142 ND AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KENOL ARIS

ED/C

04/30/2008

Electronic Signature of Signing Officer or Director

Date