

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005360

FILED  
Apr 06, 2009  
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:

6102 FILLMORE ST.  
HOLLYWOOD, FL 33024

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:

ARIS, KENOL  
1598 SW 193 TER  
PEMBROKE PINES, FL 33029 US

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: KENOL ARIS

04/06/2009

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: ED/C (X) Change ( ) Addition  
Name: ARIS, KENOL  
Address: 1598 SW 193 TER  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

Title: ( ) Change ( ) Addition  
Name:  
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: VIVIANE OBAS

SEC.

04/06/2009

Electronic Signature of Signing Officer or Director

Date