

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010622

FILED
Apr 09, 2009
Secretary of State

Entity Name: ALBERT C. PIERRE COMMUNITY SERVICE CENTER, INC.

Current Principal Place of Business:

8017 N.E. 2ND AVE
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380851
MIAMI, FL 33238 US

New Mailing Address:

8017 N.E. 2ND AVE
MIAMI, FL 33138 US

FEI Number: 34-2023275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEDD, KENNETH J
8017 N.E. 2ND AVE
MIAMI, FL 33138 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: D () Delete
Name: DIAMBOIS, DOMINIQUE
Address: 1315 N.E. 203 STREET
City-St-Zip: MIAMI, FL 33179 US

Title: D () Delete
Name: THOMAS, JOAN
Address: 14280 BLUE GILL ROAD
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: JAIRAM, DAREN
Address: 10048 S.W. 220 STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: PEAY, DAVID PASTOR
Address: 8017 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: NEDD, KENNETH
Address: 8017 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JAIRAM, DAREN
Address: 1825 NW 175 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D (X) Change () Addition
Name: HOLDER, ALLAN
Address: 20523 NW 11 AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D (X) Change () Addition
Name: HOLNESS, ANDREW
Address: 106 SADDLE TRAIL
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: D () Change (X) Addition
Name: CARRINGTON, SELWYN
Address: 20230 NW 4 AVE
City-St-Zip: MIAMI GARDENS, FL 33169

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: ALLAN HOLDER

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date