

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04173

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** OPERATION FOR HUMANITARIAN CONCERNS, INC.

**Current Principal Place of Business:**

19521 NW 12TH AVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 693631  
MIAMI, FL 33169 US

**New Mailing Address:**

**FEI Number:** 59-2635127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THERILUS, GENEUS  
19521 N.W. 12TH AVENUE  
MIAMI, FL 33169 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: PD  
Name: THERESA, THERILUS  
Address: 5742 SW 165 COURT  
City-St-Zip: MIAMI, FL 33193

Title: VP  
Name: THERILUS, GENEUS  
Address: 19521 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: SD  
Name: ALVAREZ, MELISSA  
Address: 3755 SW 108 AVE  
City-St-Zip: MIAMI, FL 33168

Title: TD  
Name: BREWSTER, MICHELLE  
Address: 5742 SW 165 COURT  
City-St-Zip: MIAMI, FL 33193

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: THERESA THERILUS

P

04/26/2011

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

\_\_\_\_\_  
Date