

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007078

FILED
Apr 23, 2006
Secretary of State

Entity Name: CENTER FOR GLOBAL HEALTH & HUMANITY SERVICES, INC

Current Principal Place of Business:

1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953

New Mailing Address:

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

Name and Address of Current Registered Agent:

UKPONG, DANIEL M MPH
1721 SW GLORIA LN
PORT SAINT LUCIE, FL 34953 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: P () Delete
Name: UKPONG, DANIEL M
Address: 1721 SW GLORIA LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: SMITH, DEANNA
Address: P.O. BOX 1192
City-St-Zip: HOBE SOUND, FL 33475

Title: O () Delete
Name: BLAVO, CYRIL E DO, MPH
Address: NOVA SE UNIV., 3200 S. UNIVERSITY DR.
City-St-Zip: FT. LAUDERDALE, FL 33328

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UKPONG, DANIEL M MPH
Address: 1721 SW GLORIA LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: O (X) Change () Addition
Name: STRONG, CYNEETHA MD
Address: 349 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change () Addition
Name: WHITAKER, BETTY RN
Address: 3900 SW HANILIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Change (X) Addition
Name: OVALLES, RAEFAEL MBA
Address: 4207 QUILL CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Change (X) Addition
Name: UKPONG, CHRISTOPHER
Address: 3600 E. FLETCHER AVE #41
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL UKPONG

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date