

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007078

FILED
Jul 07, 2007
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: 76-0792965 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 MPH
Address: 1721 SW GLORIA LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

Title: S () Delete
Name: WHITAKER, BETTY RN
Address: 3900 SW HANLIN STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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
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: DANIEL UKPONG, MPH

P

07/07/2007

Electronic Signature of Signing Officer or Director

Date