

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90224 013 \*\*\*\*61.25

**DOCUMENT # N05000010424**

1. Entity Name

ISAIAH COMMUNITY ADVANCEMENT PROGRAM, INC.



Principal Place of Business

5905  
3905 NE 2 AVENUE  
MIAMI FL 33137

Mailing Address

5905  
3905 NE 2 AVENUE  
MIAMI 33137

2. Principal Place of Business

5905 NE 2 AVE

Suite, Apt. #, etc.

3. Mailing Address

5905 N.E. 2 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

13-4318139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

CASZIE HART, P.A.  
13899 BISCAYNE BLVD.  
SUITE 314  
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CESAR, COLETTE  
19501 NE 19 AVENUE  
NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LANGE, MARIE CARMELLE  
19501 NE 19 AVENUE  
NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HART, CASWALL A ESQ.  
13899 BISCAYNE BLVD., SUITE 314  
MIAMI FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Colette Cesar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/06 786-317-4382  
305-758-8999