

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007671

FILED
Jul 09, 2008
Secretary of State

Entity Name: THE CELESTIAL HUMANITARIAN FOUNDATION INTERNATIONAL, INC.

Current Principal Place of Business:

240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

324 6TH AVE N
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

324 6TH AVE N
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-5236431 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

REZNICSEK, FRASER & HASTINGS, P.A.
240 PONTE VEDRA PARK DRIVE, SUITE 150
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

MARESMA, BRANDON
324 6TH AVE N
JACKSONVILLE BEACH, FL 32250 US

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: BRANDON MARESMA

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABASSA, KODJO P DVM PHD
Address: 11609 BRIGIT COURT
City-St-Zip: BOWIE, MD 20720

Title: D () Delete
Name: SHAH, HAZRAT
Address: P.O. BOX 605
City-St-Zip: NEW YORK, NY 10163

Title: D () Delete
Name: IVEY, MILDRED
Address: 9826 SE COUNTY ROAD 2082
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MERCECA, CHARLES DR
Address: P O BOX 605
City-St-Zip: NEW YORK, NY 10163

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:

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: KODJO ABASSA

D

07/09/2008

Electronic Signature of Signing Officer or Director

Date