

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009843

FILED
Apr 30, 2009
Secretary of State

Entity Name: NEW MT. SINAI OUTREACH CENTER, INC.

Current Principal Place of Business:

3021 NW 12TH STREET
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

1170 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address:

PO BOX 16482
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 06-1796071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANSTON, GRITLEY
563 N. UNIVERSITY DRIVE
PLANTATION, FL 33324 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: CRANSTON, GRITLEY
Address: 563 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: SMITH, HARTWELL
Address: 1471 NW 60TH AVENUE
City-St-Zip: SUNRISE, FL 33312

Title: S () Delete
Name: SMITH, SOPHIA
Address: 1855 NW 60TH AVENUE
City-St-Zip: SUNRISE, FL 33025

Title: T (X) Delete
Name: MCDONALD, MILLICENT
Address: 2223 NW 56TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: D (X) Delete
Name: HARGRETT, EDA
Address: 217 NW 8TH AVENUE APT 101
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Delete
Name: JONES, NEKISHA
Address: 4921 NW 15TH STREET
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CRANSTON, GRITLEY J
Address: 563 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change () Addition
Name: SMITH, HARTWELL
Address: 1170 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: DT (X) Change () Addition
Name: MCDONALD, MILLICENT
Address: 2223 NW 56TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313

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: GRITLEY CRANSTON

DP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date