

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003612

FILED
Mar 17, 2009
Secretary of State

Entity Name: FRIENDS OF PRATVILLE HEALTH CENTRE INTERNATIONAL CORP.

Current Principal Place of Business:

3901 DAVIE BLVD
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3901 DAVIE BLVD
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 26-2703554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAW, TREVOR
3901 DAVIE BLVD
FT. LAUDERDALE, FL 33312 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/T () Delete
Name: SHAW, TREVOR
Address: 836 SW 159TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VP (X) Delete
Name: WILLIAMSON, BARBARA
Address: 3252 FOXCROFT RD. #207
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP (X) Delete
Name: CIREEN-WALLACE, PAULETTE
Address: 97 CALLENDER STREET
City-St-Zip: BOSTON, MA 02124 US

Title: S () Delete
Name: BROWN, VERONICA
Address: 3980 NW 33RD TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: VP () Delete
Name: BENJAMIN, YVETTE
Address: 18623 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: TREVOR SHAW

P/T

03/17/2009

Electronic Signature of Signing Officer or Director

Date