

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006659

FILED
Apr 16, 2009
Secretary of State

Entity Name: COMMUNITY HEALTH INITIATIVE PROGRAMS, INC.

Current Principal Place of Business:

2210 S.RIO GRANDE AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2210 S.RIO GRANDE AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONG, MONIQUE W
2210 S.RIO GRANDE AVENUE
ORLANDO, FL 32805 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: LONG, MONIQUE W
Address: 2210 S.RIO GRANDE AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: KNIGHT, LYNETTE
Address: 3034 CLUBVIEW DR.
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: BUTLER, JOHN
Address: 9427 RAVEN DELL ST.
City-St-Zip: ORLANDO, FL 32825

Title: TRUS () Delete
Name: ANDERSON,JR, RICHARD DR
Address: 4434 LAKE CALABAY DR.
City-St-Zip: ORLANDO, FL 32837

Title: TRUS () Delete
Name: DUNLAP, ROSALYN
Address: PO BOX 616705
City-St-Zip: ORLANDO, FL 32861

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: MONIQUE W. LONG

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date