2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000007399

Entity Name: SUFI CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1908 N OCEAN DRIVE
#15
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

1908 N OCEAN DRIVE
#15
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 26-3126896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEMING, MARY
1908 N OCEAN DRIVE
#15
HOLLYWOOD, FL 33019 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: D ( ) Delete
Name: FLEMING, MARY
Address: 1908 N OCEAN DRIVE #15
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete
Name: GOREN, ISAAC
Address: 800 PARKVIEW DRIVE #131
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: SANDERSON, PATRICIA
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: KURTZ, CHANTELLE
Address: 3680 INVERRARY DRIVE #3F
City-St-Zip: LAUDERHILL, FL 33319

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: MARY FLEMING D 04/21/2009

Electronic Signature of Signing Officer or Director — Date