

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010335

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** JOHNSON & MULLINGS SOCIAL SERVICES, INC

**Current Principal Place of Business:**

6412 N UNIVERSITY DRIVE  
SUITE 114  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

6412 N UNIVERSITY DRIVE  
SUITE 114  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 80-0305959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, SHARON  
6412 N UNIVERSITY DRIVE  
SUITE 114  
TAMARAC, FL 33321 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  
Name: JOHNSON, SHARON  
Address: 6412 N UNIVERSITY DRIVE STE 114  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: MULLINGS, KEITH  
Address: 6412 N UNIVERSITY DRIVE STE 114  
City-St-Zip: TAMARAC, FL 33321

Title: S  
Name: EL SABBAGH, SIOMARA  
Address: 1671 PINE TREE LANE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T  
Name: PALMER, SHERINE  
Address: 2500 NW 81ST TERRACE  
City-St-Zip: SUNRISE, FL 33322

Title: DIR  
Name: WILLIAMS, WAYNE  
Address: 4776 SW 13TH PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: SHARON JOHNSON

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date