# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 10, 2009**
**Secretary of State**

DOCUMENT# N08000010618

**Entity Name:** MINORITY HUMAN DEVELOPMENT CENTER , INC

**Current Principal Place of Business:**

8012 SW 7 STREET
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

8012 SW 7 STREET
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number: 26-3744568** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

MAYORGA, DOUGLAS I
701 BRICKELL AVENUE
1550
MIAM, FL 33131 US

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

HERMIDA, NOEMI A
8012 SW 7 ST
NORTH LAUDERDALE, FL 33068 US

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: NOEMI HERMIDA 07/10/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: HERMIDA, NOEMI
Address: 8012 SW 7 STREET
City-St-Zip: NORHT LAUDERDALE, FL 33068

Title: VP ( ) Delete
Name: ACOSTA, PILAR
Address: 673 DUNN DRIVE
City-St-Zip: ALTAMONTE SPRING, FL 32714

Title: SECR ( ) Delete
Name: AGREDO, GLADYS
Address: 4108 WEST ZELAR STREET
City-St-Zip: TAMPA, FL 33629

**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:

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: NOEMI HERMIDA P 07/10/2009
Electronic Signature of Signing Officer or Director — Date