2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N08000011022

Entity Name: COURT OPTIONS COMMUNITY PROGRAMS, INC.

Current Principal Place of Business:

17984 FRANJO ROAD
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17984 FRANJO ROAD
MIAMI, FL 33157

New Mailing Address:

FEI Number: 26-4488970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACASA, EDUARDO R ESQ.
7380 SW 48 ST.
MIAMI, FL 33155 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:	DIR	( ) Delete
Name:	VALDIVIA, RUBEN	
Address:	17984 SW FRANJO ROAD	
City-St-Zip:	MIAMI, FL 33157	
Title:	DIR	( ) Delete
Name:	LACASA, EDUARDO R	
Address:	7380 SW 91 ST.	
City-St-Zip:	MIAMI, FL 33155	
Title:	DIR	( ) Delete
Name:	MENENDEZ, MANUEL E	
Address:	7380 SW 91 ST	
City-St-Zip:	MIAMI, FL 33155	
Title:	DIR	( ) Delete
Name:	LYNCH, LESLIE	
Address:	3501 W. BROWARD BLVD. 3RD FLR.	
City-St-Zip:	FT. LAUDERDALE, FL 33312	
Title:	DIR	( ) Delete
Name:	JUNQUERA, ANGEL	
Address:	3501 W. BROWARD BLVD. 3RD FLR.	
City-St-Zip:	FT. LAUDEDALE, FL 33312	
Title:	DIR	( ) Delete
Name:	DEMILLE, VIVIEN	
Address:	3501 W. BROWARD BLVD. 3RD FLR.	
City-St-Zip:	FT. LAUDERDALE, FL 33312	

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:	
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: EDUARDO LACASA DIR 03/23/2009

Electronic Signature of Signing Officer or Director — Date