2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001866

FILED Mar 08, 2010 Secretary of State

Entity Name: COMMUNITY HELPING FAMILIES IN NEED, INC.

Current Principal Place of Business: New Principal Place of Business:

4856 SW 24TH AVENUE 4856 SW 24TH AVENUE

FORT LAUDERDALE, FL 333125927 FORT LAUDERDALE, FL 333125927 US

Current Mailing Address: New Mailing Address:

4856 SW 24TH AVENUE 4856 SW 24TH AVENUE

FORT LAUDERDALE, FL 333125927 FORT LAUDERDALE, FL 333125927 US

FEI Number: 80-0380207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRAZILE, BERNADETTE 4856 SW 24TH AVENUE

FORT LAUDERDALE, FL 333125927 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CP

Name: FRAZILE, BERNADETTE Address: 4856 SW 24TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 333125927 US

Title: DVP

 Name:
 DERAVIL, EDDY

 Address:
 827 NW 206TH STREET

 City-St-Zip:
 MIAMI GARDENS, FL 33169 US

Title: DT

Name: NOEL, DAVID

Address: 1124 NW 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DAVP

 Name:
 FLEURY, FRANCIS

 Address:
 4856 SW 24TH AVENUE

 City-St-Zip:
 DANIA BEACH, FL 33312 US

Title: DS

 Name:
 MENTOR, GINA

 Address:
 4856 SW 24TH AVENUE

 City-St-Zip:
 MIAMI, FL 33312 US

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: BERNADETTE FRAZILE PRES 03/08/2010