

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010252

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** CORPORATE SOCIAL RESPONSIBILITY CENTER, INC.

**Current Principal Place of Business:**

1717 NORTH BAYSHORE DRIVE  
SUITE 1656  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH BAYSHORE DRIVE  
SUITE 1656  
MIAMI, FL 33132 US

**New Mailing Address:**

**FEI Number:** 27-1182867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOGAN, LISA B  
1717 NORTH BAYSHORE DRIVE  
SUITE 1656  
MIAMI, FL 33132 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:** DVP  
**Name:** ALLY, DEBORAH M  
**Address:** 1602 BACK CREEK LANE  
**City-St-Zip:** GASTONIA, NC 28054 US

**Title:** DVP  
**Name:** DOBBS, PRISCILLA A  
**Address:** 16506 BRIDGE END ROAD  
**City-St-Zip:** MIAMI LAKES, FL 33014 US

**Title:** DPS  
**Name:** HOGAN, LISA B  
**Address:** 1717 NORTH BAYSHORE DRIVE SUITE 1656  
**City-St-Zip:** MIAMI, FL 33132 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:** LISA HOGAN

DPS

02/17/2011

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

\_\_\_\_\_  
Date