

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010176

FILED
Feb 23, 2012
Secretary of State

Entity Name: CHA MANAGEMENT & CONSULTANTS, INC.

Current Principal Place of Business:

1800 FARM WORKER WAY
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1800 FARM WORKER WAY
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SERRATA, ESMERALDA
1800 FARM WORKER WAY
IMMOKALEE, FL 34142 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: DP
Name: GOGUEN, BRIAN L
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: DV
Name: GOLDEN, SUSAN M
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: STD
Name: SERRATA, ESMERALDA
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: KELLY, KENNETH
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: BARNHART, BERNARDO
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: PINK, CATHERINE H
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

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: ESMERALDA SERRATA

STD

02/23/2012

Electronic Signature of Signing Officer or Director

Date