

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10552

FILED
Feb 08, 2012
Secretary of State

Entity Name: JESSIE TRICE COMMUNITY HEALTH FOUNDATION, INC.

Current Principal Place of Business:

700 S ROYAL POINCIANA BLVD
STE300
MIAMI, FL 33166

New Principal Place of Business:

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

Current Mailing Address:

700 S ROYAL POINCIANA BLVD
STE300
MIAMI, FL 33166

New Mailing Address:

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

FEI Number: 59-2681559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLINCH, CLEMENTINE
3025 NW 68TH STREET
MIAMI, FL 33147 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: C
Name: WILLIAMS, DAVID JR.
Address: 17621 NW 32ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SECY
Name: BULLUCK, SANDRA
Address: 5607 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D
Name: MOISES, NIEVES
Address: 5607 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D
Name: VIVIAND, HELEN
Address: 5607 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: M
Name: NEASMAN, ANNIE
Address: 5607 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D
Name: SOLOMON, SHELLIE
Address: 5607 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33142

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: CLEMENTINE CLINCH

MS.

02/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date