

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000876

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MINORITY HEALTH PROMOTION NETWORK, INC.

**Current Principal Place of Business:**

6016 HARWELL ESTATES DRIVE  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

6016 HARWELL ESTATES DRIVE  
DOVER, FL 33527

**New Mailing Address:**

**FEI Number:** 27-5050078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLER, SHELLA  
6016 HARWELL ESTATES DRIVE  
DOVER, FL 33527 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:** P  
**Name:** MILLER, SHELLA  
**Address:** 6016 HARWELL ESTATES DRIVE  
**City-St-Zip:** DOVER, FL 33527

**Title:** VP  
**Name:** ETIENNE-JEANTY, NATALIE  
**Address:** 6321 SW 10TH STREET  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068

**Title:** VP  
**Name:** MCZELL, MELISSA  
**Address:** 13071 119TH ST. NORTH  
**City-St-Zip:** LARGO, FL 33778

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:** SHELLA MILLER

P

04/01/2012

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

\_\_\_\_\_  
Date