FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:37

DOCUMENT # N48368 (7)

1. Corporation Name

THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS , INC.

Principal Place of Business	Mailing Address
301 BROADWAY PORT EXECUTIVE PLAZA. SUITE 300 RIVIERA BEACH FL 33404 US	174 THORNTON DR PALM BCH GDNS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0395588 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 same	26
Suite, Apt. #, etc. 22 same	Suite, Apt. #, etc. 27
City & State 23 same	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GIBBONS, ELSA
174 THORNTON DR
PALM BCH GDNS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elsa Gibbons — 2-20-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	Chairman: (T)	☐ Change ☐ Addition
NAME	ORANGE, DEXTER	1.2 NAME	Dexter Orange	
STREET ADDRESS	9995 N. MILITARY TRAIL	1.3 STREET ADDRESS	9995 N. Military Trail	
CITY-ST-ZIP	P.B.G. FL	1.4 CITY-ST-ZIP	P.B.G. FL. 33410	
TITLE	T	2.1 TITLE	Treasurer: (T)	☒ Change ☐ Addition
NAME	GONZALEZ, LAURA	2.2 NAME	Laura Gonzales	
STREET ADDRESS	110 NO F STR	2.3 STREET ADDRESS	450 Northlake Blvd.	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	P.B.G. FL. 33410	
TITLE	T	3.1 TITLE	Secretary (T)	☒ Change ☐ Addition
NAME	~~LAFAILAGE, MARY~~	3.2 NAME	Martha Lugos	
STREET ADDRESS	~~091 1/2 BELVEDERE ROAD~~	3.3 STREET ADDRESS	Penny Saver - 806 Sunset Road	
CITY-ST-ZIP	~~W.P.B. FL~~	3.4 CITY-ST-ZIP	W.P.B. FL. 33401	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	GIBBONS, ELSA	4.2 NAME		
STREET ADDRESS	174 THORNTON DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	P.B.G. FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	(D) Virginia Jackson, Dir	☒ Change ☐ Addition
NAME	~~LAFALAISE, MARIE~~	5.2 NAME		
STREET ADDRESS	~~091 1/2 BELVEDERE RD~~	5.3 STREET ADDRESS	R&V Clerical Training 220 st US1	
CITY-ST-ZIP	~~W PALM BCH FL~~	5.4 CITY-ST-ZIP	Lake Park, FL. 33403	
TITLE	D	6.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	~~NICOLEAU, HARDY~~	6.2 NAME	Cinthia Becton	
STREET ADDRESS	~~0050 BELVEDERE RD~~	6.3 STREET ADDRESS	500 west 24th St	
CITY-ST-ZIP	~~W PALM BCH FL~~	6.4 CITY-ST-ZIP	Riviera Beach - 33404	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elsa Gibbons — Feb-20-1995 — (407) 845-2367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #