


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48368 (7)**  
 1. Corporation Name  
**THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS, INC.**



Principal Place of Business <b>301 BROADWAY PORT EXECUTIVE PLAZA, SUITE 300 RIVIERA BEACH FL 33404 US</b>	Mailing Address <b>174 THORNTON DR PALM BCH GDNS FL 33418-8087 US</b>
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3. Date Incorporated or Qualified <b>04/15/1992</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>65-0395588</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>GIBBONS, ELSA 174 THORNTON DR PALM BCH GDNS FL 33418</b>	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>85</td><td>Zip Code</td></tr> </table>	81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name										
82	Street Address (P.O. Box Number is Not Acceptable)										
83											
84	City										
85	Zip Code										

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GONZALEZ, LAURA</b>		1.2 NAME <b>Laura Gonzalez</b>	
STREET ADDRESS <b>325 WINTER ST</b>		1.3 STREET ADDRESS <b>305 Winter St.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33405</b>		1.4 CITY-ST-ZIP <b>W. P.B. FL 33405</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ORANGE, DEXTER</b>		2.2 NAME <b>Orange Dexter</b>	
STREET ADDRESS <b>P.O. BOX 8242</b>		2.3 STREET ADDRESS <b>P.O. Box 8242</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33407</b>		2.4 CITY-ST-ZIP <b>W. P.B. FL 33407</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRIMES, DULCE</b>		3.2 NAME <b>Grimes Dulce</b>	
STREET ADDRESS <b>4835 OCKEECHOBEE BLVD</b>		3.3 STREET ADDRESS <b>4835 Ockeechobee Blvd.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>		3.4 CITY-ST-ZIP <b>W. P.B. FL 33417</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GIBBONS, ELSA</b>		4.2 NAME <b>Gibbons Elsa</b>	
STREET ADDRESS <b>174 THORNTON DRIVE</b>		4.3 STREET ADDRESS <b>174 Thornton Drive</b>	
CITY-ST-ZIP <b>P.B.G. FL</b>		4.4 CITY-ST-ZIP <b>P.B.G. FL 33418</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAGOS, JULIAN</b>		5.2 NAME	
STREET ADDRESS <b>2000 P.B. LAKES</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33409</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BECTON, CINTHIA</b>		6.2 NAME	
STREET ADDRESS <b>500 WEST 24TH ST</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>RIVIERA BEACH FL</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 **1-24-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041538

CR2E037 (9/96)