


FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthen 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 301 BROADWAY PORT EXECUTIVE PLAZA, SUITE 300 RIVIERA BEACH FL 33404 US	Mailing Address 174 THORNTON DR PALM BCH GDNS FL 33418 US
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3. Date Incorporated or Qualified 04/15/1992	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0395588		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 *Elsa Gibbons, Director* DATE **3/18/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	C GONZALEZ, LAURA
STREET ADDRESS	325 WINTER ST
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	<input type="checkbox"/> DELETE
NAME	S ORANGE, DEXTER
STREET ADDRESS	P.O. BOX 8242
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	T GRIMES, DULCE
STREET ADDRESS	4835 OCKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	<input type="checkbox"/> DELETE
NAME	P GIBBONS, ELSA
STREET ADDRESS	174 THORNTON DRIVE
CITY-ST-ZIP	P.B.G. FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD GONZALEZ, LAURA
STREET ADDRESS	325 WINTER ST
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD GIBBONS, ELSA
STREET ADDRESS	174 THORNTON DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* DATE **3-18-98** (561) 845-5268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)