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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48368

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/15/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0395588	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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

Signature, typed 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 DELETE	1.1 TITLE	Chairman Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LAURA	1.2 NAME	Enrique Calzado
STREET ADDRESS	325 WINTER ST	1.3 STREET ADDRESS	112 Urano St.
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	Palm Beach Gardens 33410
TITLE	S DELETE	2.1 TITLE	Secretary Change <input type="checkbox"/> Addition
NAME	ORANGE, DEXTER	2.2 NAME	Mickey Rodriguez
STREET ADDRESS	P O BOX 8242 N/A	2.3 STREET ADDRESS	617 Moombine Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	Lake Worth Fl. 33463
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, DULCE	3.2 NAME	Dulce Grimes
STREET ADDRESS	4835 OCKEECHOBEE BLVD	3.3 STREET ADDRESS	4835 Ockeechobee Blvd
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	West Palm Beach Fl. 33417
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	President Change <input checked="" type="checkbox"/> Addition
NAME	GIBBONS, ELSA	4.2 NAME	Elsa Gibbons
STREET ADDRESS	174 THORNTON DRIVE	4.3 STREET ADDRESS	174 Thornton Drive
CITY-ST-ZIP	P.B.G. FL	4.4 CITY-ST-ZIP	Palm Beach Gardens Fl. 33418
TITLE	CD DELETE	5.1 TITLE	Director Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LAURA	5.2 NAME	RAul Cadagan
STREET ADDRESS	325 WINTER ST	5.3 STREET ADDRESS	844 Woolgave Ave. PBG FL 33410
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GIBBONS, ELSA	6.2 NAME	
STREET ADDRESS	174 THORNTON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-28th 1999 (561) 845-2367

Date

Daytime Phone #

CR2E037 (11/98)