



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90278 026 ****70.00

DOCUMENT # N48368 1. Entity Name THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS, INC.					
Principal Place of Business 1124 BROADWAY SUITE "E" RIVIERA BEACH, FL 33404 US			Mailing Address 174 THORNTON DR PALM BCH GDNS, FL 33418 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04262004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0395588	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent GIBBONS, ELSA 174 THORNTON DR PALM BCH GDNS, FL 33418				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Elsa Gibbons</i></u> DATE <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRIMES, DULCE 1124 BROADWAY DWR1 RIVIERA BEACH, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Juan Calderon 1124 Broadway Riviera Beach, FL- 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARDO, MARTHA 1124 BROADWAY DWR2 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition Pardo Martha 1124 Broadway DWR2 Riviera Beach FL- 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALSAO, ERIC 1816 URANO TERRACE LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition Calssado Eric 1124 Broadway Riviera Beach- FL-33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, HELMAN 1124 BROADWAY DWR 3 RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Ruiz Helman 1124 Broadway Riviera Beach FL- 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BAZAN, ALICE 1124 BROADWAY DWR4 RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith Olga. MD. 1124 Broadway Riviera Beach- FL- 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GIBBONS, ELSA 174 THORNTON DRIVE PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition Gibbons Elsa 1124 Broadway Riviera Beach FL. 33404		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u><i>Elsa Gibbons</i></u> <u><i>Elsa Gibbons</i></u> DATE <u>04/28/04</u> (561) 845-1022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					