2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N48368

Entity Name: THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS, INC.

Current Principal Place of Business:

1124 BROADWAY
SUITE "E"
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

1124 BROADWAY
SUITE
RIVIERA BEACH, FL 33404 US

Current Mailing Address:

174 THORNTON DR
PALM BCH GDNS, FL 33418 US

New Mailing Address:

FEI Number: 65-0395588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIBBONS, ELSA
174 THORNTON DR
PALM BCH GDNS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CALDERON, JUAN
Address: 1124 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: S ( ) Delete
Name: PARDO, MARTHA
Address: 1124 BROADWAY DWR2
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T ( ) Delete
Name: CALSSADO, ERIC
Address: 1124 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D ( ) Delete
Name: RUIZ, HELMAN
Address: 1124 BROADWAY DWR 3
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D ( ) Delete
Name: SMITH, OLGA MD
Address: 1124 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: PD ( ) Delete
Name: GIBBONS, ELSA
Address: 1124 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA GIBBONS CEO 07/06/2005
Electronic Signature of Signing Officer or Director — Date