

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001172

FILED  
Sep 16, 2005  
Secretary of State

**Entity Name:** PROJECT IMPACT OF SOUTH DADE, INC.

**Current Principal Place of Business:**

1238 N.W. 9TH AVENUE  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

1238 N.W. 9TH AVENUE  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 65-0575160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

FRANCIS, LEON  
100 NE 15TH ST #204  
HOMESTEAD, FL 33030      US

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: PD      ( ) Delete  
Name: HARRIS, RON L  
Address: 18885 SW 296 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D      ( ) Delete  
Name: LUSTON, CHRISTINE  
Address: 735 NW 9TH AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD      ( ) Delete  
Name: ADDERLY, CHERRIE  
Address: 15001 S.W. 296 ST  
City-St-Zip: LEISURE CITY, FL 33032

**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:

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: RON L HARRIS

PD

09/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date