

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004291

FILED
Jun 15, 2009
Secretary of State

Entity Name: ORIENTATION CENTER FOR PREVENTION OF DOMESTIC ASSAULT INC.

Current Principal Place of Business:

5040 G ELMHURST ROAD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5040 G ELMHURST ROAD
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0653495 **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:

CENTER FOR MINORITY HUMAN SVS. PROVIDER
301 BROADWAY STE 300
RIVERIA BEACH, FL 33404 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: P () Delete
Name: SALGADO, MELISSA
Address: 901 PALM BEACH TEACE DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: PINO, BELLANIRA
Address: 4804 SARATOGA ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: CASTIBLANCO, MARINA
Address: 5040 G ELMHURST RD
City-St-Zip: W PALM BEACH, FL 33417

Title: TD () Delete
Name: DALIA, VILLA
Address: 834 W LAKEWOOD ROAD
City-St-Zip: WEST PAL BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: PINO, BELLANIRA
Address: 5161 PRAIRIE DUNES VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

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 exemption stated in Chapter 119, 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: MARINA CASTIBLANCO

DIR

06/15/2009

Electronic Signature of Signing Officer or Director

Date