

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004429

FILED
Apr 13, 2009
Secretary of State

Entity Name: CHARITY UNLIMITED OF FLORIDA, INC.

Current Principal Place of Business:

680 NE 52ND STREET
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

680 NE 52ND STREET
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0627797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, PATRICK
110 MERRICK AVE
SUITE 3B
CORAL GABLES, FL 33132 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: PRES () Delete
Name: MIESZALA, MICHAEL
Address: 680 NE 52ND STREET
City-St-Zip: MIAMI, FL 33137 US

Title: VPSD () Delete
Name: ROGER, SOMAN
Address: 700 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SEC () Delete
Name: BRINKMANN, JUDY
Address: PO BOX 736
City-St-Zip: MOMENCE, IL 60954 US

Title: TRES () Delete
Name: OSMANSKI, WILLIAM
Address: 680 NE 52ND STREET
City-St-Zip: MIAMI, FL 33137 US

Title: D () Delete
Name: KOHN, RONALD
Address: 3580 PALMETTO AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: VANDENBERG, PETER
Address: 2665 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

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
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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 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: JUDY BRINKMANN

SEC

04/13/2009

Electronic Signature of Signing Officer or Director

Date