

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90023 046 \*\*\*\*70.00

<b>DOCUMENT # N95000005887</b> 1. Entity Name <b>HOSANNA COMMUNITY FOUNDATION, INC.</b>					
Principal Place of Business <b>1141 KASIM ST OPA LOCKA, FL 33054</b>			Mailing Address <b>P.O. BOX 541086 OPA LOCKA, FL 33054 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0627786</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DINKINS, CHARLES L 1141 KASIM ST OPA LOCKA, FL 33054</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINKINS, REV CHARLES LEE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1141 KASIM STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	VICE President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELIN, ELIZA		NAME		
STREET ADDRESS	11371 NW 11TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331687		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, JOYCE		NAME		
STREET ADDRESS	3051 NW 98TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	WALTON, JOVANNA		NAME		
STREET ADDRESS	588 NW 52ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	MAUREEN, BRYAN		NAME		
STREET ADDRESS	1435 NW 193 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Director, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, GERROD		NAME		
STREET ADDRESS	11760 SW 170 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: <i>Rev. Charles Lee</i>			2/14/06 305.610.4604		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT  
66003227

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

HOSANNA COMMUNITY FOUNDATION, INC.  
P.O. BOX 541086  
OPA LOCKA, FL 33054 US

Subject: HOSANNA COMMUNITY FOUNDATION, INC.

Reference Number: N95000005887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION