

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 011 ****70.00

DOCUMENT # N95000005887					
1. Entity Name HOSANNA COMMUNITY FOUNDATION, INC.					
Principal Place of Business 1141 KASIM ST OPA LOCKA, FL 33054			Mailing Address P.O. BOX 541086 OPA LOCKA, FL 33054 US		
2. Principal Place of Business - No P.O. Box # 2171 NW 56 Street			3. Mailing Address P.O. BOX 541086		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State OPA-LOCKA, FL		
Zip 33142		Country USA		Zip 33054	
Country		4. FEI Number 65-0627786			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DINKINS, CHARLES L 1141 KASIM ST OPA LOCKA, FL 33054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME DINKINS, REV CHARLES LE STREET ADDRESS 1141 KASIM STREET CITY-ST-ZIP OPA-LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE PRINCESS DINKINS NAME 2171 NW 56TH STREET STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME GELIN, ELIZA STREET ADDRESS 13231 NW 23RD AVENUE CITY-ST-ZIP MIAMI, FL 33167	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME LEWIS, JOYCE STREET ADDRESS 3051 NW 99TH ST CITY-ST-ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME WALTON, JOVANNA STREET ADDRESS 588 NW 52ND ST CITY-ST-ZIP MIAMI, FL 33127	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MAUREEN, BRYAN STREET ADDRESS 1435 NW 193 TERR CITY-ST-ZIP MIAMI, FL 33169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DS NAME BAKER, GERROD STREET ADDRESS 11760 SW 170 TERR CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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 Le</i>			5/1/08 305.610.4164		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		