

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004178

FILED
Apr 17, 2009
Secretary of State

Entity Name: MARTIN MEMORIAL SOCIAL SERVICE, INC.

Current Principal Place of Business:

14700 LINCOLN BLVD.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14700 LINCOLN BLVD.
MIAMI, FL 33176

New Mailing Address:

P.O.BOX 771283
MIAMI, FL 33177

FEI Number: 65-0849739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIVENS, HENRY
14700 LINCOLN BLVD.
MIAMI, FL 33176 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: CD () Delete
Name: DAVIS, ERNESTINE S
Address: 11704 SW 97 STREET
City-St-Zip: MIAMI, FL 33186

Title: VCD () Delete
Name: BROWN, ANTHONY
Address: 11601 SW 87 COURT
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: PITTMAN, JOHN
Address: 14835 LOUIS STREET
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: RICHARDSON, FREDRICK D
Address: 14631 SW 103 PL
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GULLEY, CLINTON
Address: 18250 SW 88 PL
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BROWN, FRIEDA L
Address: 10370 SW 146 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PITTMAN, JOHN
Address: 14835 LOUIS STREET
City-St-Zip: MIAMI, FL 33176

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 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: ERNESTINE S. DAVIS

CD

04/17/2009

Electronic Signature of Signing Officer or Director

Date