

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002015

FILED
Feb 09, 2012
Secretary of State

Entity Name: COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

Current Principal Place of Business:

540 NW 47 TERR
CITY
MIAMI, FL 33127 UN

New Principal Place of Business:

Current Mailing Address:

540 NW 47 TERR
CITY
MIAMI, FL 33127 UN

New Mailing Address:

FEI Number: 65-0757963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, MARYE V
540 NW 47TH TERRACE
CITY
MIAMI, FL 33127 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: P
Name: JOHNSON, MARYE V
Address: 711 NW 55 STREET
City-St-Zip: MIAMI, FL 33127 UN

Title: V
Name: FERNANDEZ, JOSEPH
Address: 19720 NW 44TH PL
City-St-Zip: CAROL CITY, FL 33055 UN

Title: S
Name: THOMPSON, MILLICENT
Address: 540 NW 47TH TERR
City-St-Zip: MIAMI, FL 33127 UN

Title: T
Name: JOHNSON, EMILY
Address: 540 NW 47 TERR
City-St-Zip: MIAMI, FL 33127 UN

Title: D
Name: FERNANDEZ, ERNEST
Address: 834 RIVERSIDE DR #2-C
City-St-Zip: NEW YORK, NY 10032 UN

Title: D
Name: SUTHERLAND, LORNA
Address: 20032 NW 58 COURT
City-St-Zip: HIALEAH, FL 10032 UN

I hereby 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 all other like empowered.

SIGNATURE: MARYE JOHNSON

P

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date