

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000000014**

1. Corporation Name

**CEA MAX HUMAN SERVICES, INC.**

Principal Place of Business

108 NE. 18TH STREET  
DELRAY STREET FL 33444

Mailing Address

108 NE. 18TH STREET  
DELRAY STREET FL 33444

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90072 005 \*\*\*\*61.25

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2. Principal Place of Business

21 **311 N.W. 11th Ave.**

2a. Mailing Address

26 **311 N.W. 11th Ave.**

3. Date Incorporated or Qualified

**01/02/1998**

4. FEI Number

**65-0826968**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LOMAX, MICHAEL**  
**108 NE. 18TH STREET**  
**DELRAY STREET FL 33444**

10. Name and Address of New Registered Agent

81 Name **Michael Lomax**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**311 N.W. 11th Ave.**  
83  
84 City **Delray Beach** FL 85 Zip Code **33444**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Michael Lomax*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/11/99**

FL

Zip Code

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ethel Cesar-Lomax</b>	
1.3 STREET ADDRESS	<b>311 NW 11th Ave.</b>	
1.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>	
2.1 TITLE	<b>Secretary-Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Michael Lomax</b>	
2.3 STREET ADDRESS	<b>311 NW 11th Ave.</b>	
2.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>	
3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vernita Thompson</b>	
3.3 STREET ADDRESS	<b>132 SW 4th Ave</b>	
3.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>	
4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joann Cooper-Henry</b>	
4.3 STREET ADDRESS	<b>1002 Sunset Ave.</b>	
4.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>	
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Deborah Castello</b>	
5.3 STREET ADDRESS	<b>414 SW 14th Ave</b>	
5.4 CITY-ST-ZIP	<b>Delray Beach FL 33444</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Catherine Jordan</b>	
6.3 STREET ADDRESS	<b>166 West Ocean Drive</b>	
6.4 CITY-ST-ZIP	<b>Boynton Beach FL 33426</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Lomax*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/99 (561) 276-3718**

Date

Daytime Phone #

CR2E037 (11/98)