


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000014</b> 1. Entity Name CEA MAX HUMAN SERVICES, INC.	
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Principal Place of Business 113 S ATLANTIC DR WEST BOYNTON BEACH, FL 33435 US	Mailing Address 113 S ATLANTIC DR WEST BOYNTON BEACH, FL 33435 US
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**DO NOT WRITE IN THIS SPACE**



07182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0826968	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
LOMAX, MICHAEL  
113 S ATLANTIC DR WEST  
BOYNTON BEACH, FL 33435

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$81.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CEASAR-LOMAX, ETHEL 113 S ATLANTIC DR W BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOMAX, MICHAEL 113 S ATLANTIC DR W BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, VERNITA 132 S W 4TH AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER-HENRY, JOANN 1002 SUNSET AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTELLO, DEBORAH 414 S W 14TH AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, CATHERINE 166 WEST OCEAN DRIVE BOYNTON BEACH, FL 33426

U00000167837  
07/22/04-80011-011 61.25  
  
U00000167837  
07/22/04-80011-012 8.75  
  
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12. 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 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: Michael Lomax 7/16/04 (561) 586-2768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #