

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/3/2006-90106-026-\$70.00-\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # N98000006735					
1. Entity Name COALITION OF HUMAN AND DEVELOPMENT SERVICES, INC.					
Principal Place of Business 3050 NORTHWEST 12TH STREET FT. LAUDERDALE, FL 33311			Mailing Address 3050 NORTHWEST 12TH STREET FT. LAUDERDALE, FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent CARTWRIGHT, HARCOURT 3450 W. BROWARD BLVD SUITE 114 FT. LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name <u>Lipton 2. McKenzie</u> Street Address (P.O. Box Number is Not Acceptable) <u>3520 W. Broward Blvd. S. 114</u> City <u>Fort Lauderdale</u> FL <u>33312</u>	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when removing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, HARCOURT		NAME		
STREET ADDRESS	3390 NW 7TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	SBVD	☐ Delete	TITLE	MCKENZIE, LIPTON 2. PD	☒ Change ☐ Addition
NAME	MCKENZIE, LIPTON		NAME	3820 N.W. 5th Ct	
STREET ADDRESS	3820 5TH COURT		STREET ADDRESS	Fort Lauderdale, FL 33311	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACKSON, ROBERT		NAME		
STREET ADDRESS	3440 NW 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMKIN, LINA		NAME		
STREET ADDRESS	870 NW 37TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	Spencer, George	☐ Delete	TITLE	Spencer, George	☐ Change ☒ Addition
NAME			NAME	2771 N.W. 24th Ct.	
STREET ADDRESS			STREET ADDRESS	Fort Lauderdale, FL 33311	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Williams, Joe	☐ Delete	TITLE	Williams, Joe	☐ Change ☒ Addition
NAME			NAME	5712 N.W. 68 Ave.	
STREET ADDRESS			STREET ADDRESS	Tamara, FL 33321	
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lipton 2. McKenzie President</u> <u>2/5/2006</u> <u>954-583-1998</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					