2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077275

City-St-Zip:

Entity Name: CORE STRATEGIES FOR NONPROFITS, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4820 N. 31 HOLLYWO	COURT DOD, FL 3302	1			
Current M	lailing Addres	s:	New Maili	ing Address:	
	RIDAN STREE DOD, FL 3302				
FEI Number	: 30-0099680	FEI Number Applied For ()	FEI Number Not Appl	Dicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
4310 SHÉ	ANDRE S RIDAN STREE DOD, FL 3302				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () TEMKIN, TERR P.O. BOX 6307 MIAMI, FL 331	45	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/S () PERLMAN, RO P.O. BOX 6307 MIAMI, FL 331	45	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	T () Change (X) Addition MELTZER, GAIL P.O. BOX 630745	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33163

SIGNATURE: GAIL S. MELTZER T 03/25/2009