

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2005  
Secretary of State**

DOCUMENT# N93000003330

Entity Name: COMMUNITY PARTNERSHIP FOR HOMELESS, INC.

**Current Principal Place of Business:**

1550 N. MIAMI AVE.  
MIAMI, FL 33136 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 NORTH MIAMI AVENUE  
MIAMI, FL 33136 US

**New Mailing Address:**

FEI Number: 65-0425069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VINCENT, H. DANIEL  
1550 N MIAMI AVE  
MIAMI, FL 33136 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: D ( ) Delete  
Name: CHAPMAN, ALVAH H JR.  
Address: 1 HERALD PLAZA 6TH FLOOR  
City-St-Zip: MIAMI, FL 33132

Title: TD ( ) Delete  
Name: HUDSON, SHERRILL W  
Address: 201 S. BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: LEWIS, LYNN B  
Address: 1390 BRICKELL AVE. STE. 280  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: ARMSTRONG, JAMES L III  
Address: 4911 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: HASHAGEN, JOHN P  
Address: 777 BRICKELL AVE  
City-St-Zip: MIAMI, FL 331312803

Title: C ( ) Delete  
Name: RAY GOODE, R  
Address: 3600 NW 82 AVE  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HUSTON, JR., TOM  
Address: 4251 SALZEDO STREET, PH 1  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BESTMAN, EVALINA DR.  
Address: 1313 NW 36 STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R RAY GOODE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

C

04/06/2005

\_\_\_\_\_  
Date