

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003330

FILED
Mar 26, 2008
Secretary of State

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: HUSTON, JR., TOM
Address: 4251 SALZEDO STREET, PH 1
City-St-Zip: CORAL GABLES, FL 33146

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: BESTMAN, EVALINA DR.
Address: 1313 NW 36 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33142

Title: C () Delete
Name: CHISHOLM, R
Address: 7254 SW 48 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: H. DANIEL VINCENT

Electronic Signature of Signing Officer or Director

E.D.

03/26/2008

Date