

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003499

Entity Name: PEOPLE IN CRISIS UNITED, INC.**Current Principal Place of Business:**1280 NE 102 STREET
MIAMI SHORES, FL 33138**Current Mailing Address:**1280 NE 102 STREET
MIAMI SHORES, FL 33138 US**FEI Number: 27-2494543****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JUANICO, DENISE
1280 NE 102 STREET
MIAMI SHORES, FL 33138 US*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**Officer/Director Detail :**

Title	PD
Name	JUANICO, KIM
Address	1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	SD
Name	JUANICO, MARK
Address	1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	D
Name	HARRIS, TARA MD
Address	C/O 1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	VPD
Name	CANTWELL, G. PATRICIA MD
Address	C/O 1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	TD
Name	JUANICO, KIM
Address	1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

Title	D
Name	JUANICO, DENISE
Address	1280 NE 102 STREET
City-State-Zip:	MIAMI SHORES FL 33138

I hereby 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 all other like empowered.

SIGNATURE: MARK JUANICO**SECRETARY/DIRECTOR****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date