

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001126

Entity Name: COMMUNITY-BASED HEALTH, SERVICE, AND RESEARCH PROJECTS, INC.**FILED**
Feb 05, 2017
Secretary of State
CC7035376785**Current Principal Place of Business:**1449 ANCONA AVE
CORAL GABLES, FL 33146**Current Mailing Address:**1449 ANCONA AVE
CORAL GABLES, FL 33146**FEI Number: 46-4701907****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MURPHY, JOHN W
1449 ANCONA AVE
CORAL GABLES, FL 33146 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	VP
Name	MURPHY, JOHN W
Address	1449 ANCONA AVE
City-State-Zip:	CORAL GABLES FL 33146

Title	T
Name	FRANZ, BERKELEY A
Address	466 LONGVIEW HEIGHTS RD.
City-State-Zip:	ATHENS OH 45701

Title	P
Name	CALLAGHAN, KAREN A
Address	1449 ANCONA AVE
City-State-Zip:	CORAL GABLES FL 33146

Title	SVP
Name	ADAMS, CRYSTAL M
Address	555 NE 15TH ST. APT 29D
City-State-Zip:	MIAMI FL 33132

Title	S
Name	VAVURIS, TASHINA
Address	1604 MACKEY AVE
City-State-Zip:	SAN JOSE CA 95125

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: BERKELEY FRANZ**TREASURER****02/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date