

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002015

**Entity Name:** COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

**Current Principal Place of Business:**

540 NW 47 TERR  
CITY  
MIAMI, FL 33127

**Current Mailing Address:**

540 NW 47 TERR  
CITY  
MIAMI, FL 33127 UN

**FEI Number: 65-0757963**

**Certificate of Status Desired: Yes**

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

JOHNSON, MARYE V  
540 NW 47TH TERRACE  
CITY  
MIAMI, FL 33127 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 P  
Name JOHNSON, MARYE V  
Address 711 NW 55 STREET  
City-State-Zip: MIAMI FL 33127

Title S  
Name THOMPSON, MILLICENT  
Address 540 NW 47TH TERR  
City-State-Zip: MIAMI FL 33127

Title T  
Name JOHNSON, EMILY  
Address 270 NW 51 ST  
City-State-Zip: MIAMI FL 33127

Title D  
Name SUTHERLAND, LORNA  
Address 20032 NW 58 COURT  
City-State-Zip: HIALEAH FL 10032

Title VP  
Name FERNANDEZ, SAMUEL  
Address 820 NW 85 ST  
City-State-Zip: MIAMI FL 33150

*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: MARYE V. JOHNSON**

**PRESIDENT**

**01/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date