#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002015

Entity Name: COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

FILED
Jan 25, 2016
Secretary of State
CC2718303645

# **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 Title S

 Name
 JOHNSON, MARYE V
 Name
 THOMPSON, MILLICENT

 Address
 711 NW 55 STREET
 Address
 540 NW 47TH TERR

 City-State-Zip:
 MIAMI FL 33127
 City-State-Zip: MIAMI FL 33127

Title T Title I

NameJOHNSON, EMILYNameSUTHERLAND, LORNAAddress270 NW 51 STAddress20032 NW 58 COURTCity-State-Zip:MIAMI FL 33127City-State-Zip:HIALEAH FL 10032

Title DIRECTOR Title DIRECTOR

NameFERNANDEZ, VINCENT SNameFERNANDEZ, JOSEPHAddress540 NW 47 TERRAddress19720 NW 44 PLACECity-State-Zip:MIAMI FL 33127City-State-Zip:MIAMI FL 33054

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

PRESIDENT 01/25/2016

Date