

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713210** (3)

1. Corporation Name
MIAMI PIONEERS



Principal Place of Business Mailing Address
C/O AUDREY E. SINGLETON, TREASURER C/O AUDREY E. SINGLETON, TREASURER
240 S.W. 54TH AVE. 240 S.W. 54TH AVE.
MIAMI FL 33134 MIAMI FL 33134

3. Date Incorporated or Qualified **08/17/1967** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0746816	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINGLETON, AUDREY E
240 S.W. 54TH AVENUE
MIAMI FL 33134**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, LAMAR L	1.2 NAME	
STREET ADDRESS	8815 ARVIDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	VAN ORSDEL, CLIFFORD	2.2 NAME	V.P. MASON, JAQUELIN
STREET ADDRESS	1020 VALENCIA AVENUE	2.3 STREET ADDRESS	6741 BRIGHTON PLACE
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, MAY C.	3.2 NAME	
STREET ADDRESS	4325 S.W. 5 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, AUDREY	4.2 NAME	
STREET ADDRESS	240 S.W. 54 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, ROSE MARIE	5.2 NAME	
STREET ADDRESS	9000 S.W. 40 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33185	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MICKLER, EDGAR E. SR.	6.2 NAME	
STREET ADDRESS	1270 S.W. 17 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUDREY E. SINGLETON - TREASURER

7/18/96 **305/443-7825**

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