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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Daytine Phone # 0028873

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

714837

(2)

GREATER MIAMI PROGRESS FOUNDATION, INC.

| Principal Place of Puninces Molling Address | | | | | | | |
|--|--|--|---|------------------------------|----------------|---|---|
| Principal Place of Business Mailing Address | | | | | | | |
| % GREATER MI. 1601 BISCAYNE MIAMI FL 33132 | | 1601 BISCA | % GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD. MIAMI FL 33132-1224 | | | | |
| | | FEITZ verity 1 has we | JIVE 1867 | | | | 3. Date Incorporated or Qualified 06/26/1968 3a. Date of Last Report 03/26/1996 |
| 2. Principal P | Place of Business | 2a. Mailing 26 | 2a. Mailing Address | | | | 4. FEI Number Applied For Not Applicable |
| Suite, Apt. | #, elc | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23] Zip | Country | 28] Zip | | Countr | | | Trust Fund Contribution Added to Fees |
| 24 | 25 | 29 | | 30 | Jу | | 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No |
| 24 | 9. Name and Address of Curre | | gent | 1301 | | | 10. Name and Address of New Registered Agent |
| | | · T · · · · · · · · · · · · · · · · · · · | <u>-</u> | 81 | 1 | Name | |
| CULLOM | I, WILLIAM | | | 82 | ,, | Street A | Address (P.O. Box Number is Not Acceptable) |
| | SCAYNE BLVD. | | 02 Stiet A | | OU BOLL | Audiess (F.O. DOX Nullibel is Not Acceptable) | |
| miami fi | L 33132 | | | 63 | 3 | | |
| | | | | 84 | 4 | City | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508 | , Florida Statuf | tes, the abo | ve | -named c | corporation submits this statement for the nurrose of changing its registered |
| office or re agent. La | egistered agent, or both, in the State om familiar with, and accept the obliq | e of Florida. Such cations of, Section | i change was a in 617.0503, Fl | authorized t orida Statut | by I es. | the corpo | poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered ag | | le. (NOT | | gen | nt signature re | required when reinstating) DATE |
| 12. | | ND DIRECTORS | T-I DEVETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | DELETE | 1.1 TITLE | | | Change Addition |
| NAME : | AJAMIL, LUIS | | | 1.2 NAME | | - 1 | Susan Potter-Norton 121 Majorca Avenue, 3rd Floor |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DR | ₹. | | | | address , | 121 Majorca Avenue, 318 tloor |
| CITY-ST-ZIP TITLE | MIAMI FL DC | | DELETE | 1.4 C(TY- | | -ZIP | Coral Gables, FL 33/34-4508 |
| NAME | GOODE, R. RAY | | T DEFEIE | 2.1 TITLE | | 1 | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | 3600 N.W. 82ND AVE | | | 2.2 NAME | | annoree . | |
| | MIAMI FL | | | 2.3 STREE | | | |
| CITY-ST-ZIP TITLE | D D | | DELETE | 2. 4 CITY- 3.1 TITLE | | I-ZIP | ☐ Change ☐ Addition |
| NAME | CULLOM, WILLIAM O. | | | 3.2 NAME | | 1 | |
| STREET ADDRESS | 1601 BISCAYNE BLVD. | | | 3.3 STREE | | ANDRESS | |
| CITY-ST-ZIP | MIAMI FL | | | 3.4. CITY | | | |
| TITLE | D | | DELETE | 4.1 TITLE | | -211 | Change Addition |
| NAME | FINE, MARTIN | | | 4. 2 NAME | | | - • - |
| STREET ADDRESS | 701 BRICKELL AVENUE, #30 | 000 | | 4.3 STREE | | ADDRESS | |
| C(1Y+\$1-2IP | MIAMI FL | | | 4.4 CITY - | | | |
| TITLE | D | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | PAUL, ROBERT | | | 5.2 NAME | E | | |
| STREE1 ADDRESS | 700 ALHAMBRA CIRCLE | | | 5.3 STREE | ET A | ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES FL | | | 5.4 CITY - | -ST | - ZIP | |
| TITLE | D | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | HOLZBERG, RHODELE P | | | 6.2 NAME | E | | |
| STREET ADDRESS | 1601 BISCAYNE BLVD | | | 6.3 STREE | ET A | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33132 | | | 6.4 CITY- | -51- | - ZIP | |
| manana | n indicated on the annual report of | cumpiamantal ani | INITIAL TOWNST IC TO | 17110 0NM 0CC | ~ ≥ 171 | roto ona t | lated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that |
| i am an oi | fficer or director of the corporation on Block 12 or Block 13 if changed, o | or the receiver or t | trustee empow | vered to exe | эcu | ite this re | eport as required by Chapter 617, Florida Statutes; and that my name |
| appears | il block iz or block is il changed, c | JI On an attachme | an with an aut | JI 688. | | | |