FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:52

DOCUMENT # 715042 (8)

1. Corporation Name

PIONEER REGIMENT BOOSTERS OF NORTH MIAMI, INC.

Principal Place of Business	Mailing Address
800 NORTHEAST 137TH STREET NORTH MIAMI FL 33161-3243	800 NORTHEAST 137TH STREET NORTH MIAMI FL 33161-3243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1968
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2108294 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
STEPHENS, THOMAS 143 N.E. 90 STREET MIAMI FL 33138	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, TANGLIER	1.2 NAME	SAMUEL, CELESTINE	
STREET ADDRESS	790 N.E. 128 STREET	1.3 STREET ADDRESS	185 NE 120 STREET	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	N MIAMI, FL 33161	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MEDFORD, VAUGHAN	2.2 NAME		
STREET ADDRESS	13630 N.W. 5 AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD / SD	☒ Change ☐ Addition
NAME	JONES, LORETTA	3.2 NAME	SMELLIE, CHARLENE DENISE	
STREET ADDRESS	475 N.E. 128 ST.	3.3 STREET ADDRESS	660 NW 153 STREET	
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	N MIAMI, FL 33161	
TITLE	2VP	4.1 TITLE	2VP ALICIA MUNIZ	☒ Change ☐ Addition
NAME	STEPHENS, THOMAS	4.2 NAME	ALICIA MUNIZ	
STREET ADDRESS	143 NE 90 STREET	4.3 STREET ADDRESS	14725 NW 5th AVE	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	BACH, MARIAN	5.2 NAME		
STREET ADDRESS	9304 NE 5 AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	PARLIMENTARIAN	☐ Change ☐ Addition
NAME		6.2 NAME	STEPHENS, THOMAS	
STREET ADDRESS		6.3 STREET ADDRESS	143 NE 90 STREET	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33138	

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)(i), 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 above, or on an attachment with an address.

SIGNATURE: Celestine Samuel 3/25 681-9513
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #