

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAR 31 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719834 (4)

1. Corporation Name

BELAFONTE TACOLCY CENTER, INCORPORATED

500001449025

-04/06/95--01031--002

*******138.75 *****138.75**
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6161 N.W. 9TH AVENUE
MIAMI FL 33127-1013

6161 N.W. 9TH AVENUE
MIAMI FL 33127-1013

3. Date Incorporated or Qualified

12/10/1970

3a. Date of Last Report

03/24/1994

4. FEI Number

59-1376077

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, SHEBA
912 N.W. 64 ST.
MIAMI FL 33150**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ADAMS, LAWRENCE

STREET ADDRESS

9299 NW 13TH AVENUE

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Chairman

Griffin, Zachary

927 N.W. 64th Street

Miami, FL

☒ Change ☐ Addition

TITLE

VPD

NAME

MARTIN, SHEBA

STREET ADDRESS

912 N. W. 64TH STREET

CITY - ST - ZIP

MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Vice Chairman

Martin, Sheba

Miami, FL

☐ Change ☐ Addition

TITLE

S

NAME

JUDSON, CLYDE

STREET ADDRESS

314 NW 108TH TERRACE

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ED

NAME

MCULLOUGH, YVONNE

STREET ADDRESS

19020 NW 7TH AVE.

CITY - ST - ZIP

MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

CORNELIUS, ALLEN

STREET ADDRESS

912 N.W. 64TH ST.

CITY - ST - ZIP

MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VP

NAME

GRIFFIN, ZACHARY

STREET ADDRESS

927 NW 64 STREET

CITY - ST - ZIP

MIAMI FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Vice Chairman

Lyra Logan

18870 N.W. 53rd Place

Miami, FL

☒ Change ☐ Addition

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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number 2