

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90074 008 ****70.00

DOCUMENT # 719834					
1. Entity Name BELAFONTE TACOLCY CENTER, INCORPORATED					
Principal Place of Business 6161 N.W. 9TH AVENUE MIAMI, FL 33127-1013			Mailing Address 6161 N.W. 9TH AVENUE MIAMI, FL 33127-1013		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1376077	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOSS, DANA 8523 NW 164TH STREET MIAMI, FL 33016				Name Sabrina Baker-Bouie	
				Street Address (P.O. Box Number is Not Acceptable) 6161 NW 9th Avenue	
				City Miami FL Zip Code 33127	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JUDSON, CLYDE JR 2730 SW 3RD AVE, SUITE 302 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Philip, Paul 1450 NE 2nd Avenue, Suite 912 Miami, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LOGAN, LYRA 15485 EAGLE NEST LANE STE 200 MIAMI, FL 33104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Victor T. Curry 2300 NW 135th Street Miami, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, DANA 8523 NW 164TH STREET MIAMI, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Walthour, Sam 6756-Camelia Drive Miramar, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, TEDD 1381 SW 104TH AVENUE PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Holsendolph, Darryl 19496 SW 24th Street Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BAKER-BOUIE, SABRINA 6161 NW 9TH AVENUE MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barnes, Arthur 6003 SW 154th Court Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, DANA 8523 NW 164TH STREET MIAMI, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Baker-Bouie, Sabrina 6161 NW 9th Avenue Miami, FL 33127
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Sabrina Baker-Bouie</i> 3-4-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					