

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719834

FILED
Apr 19, 2007
Secretary of State

Entity Name: BELAFONTE TACOLCY CENTER, INCORPORATED

Current Principal Place of Business:

6161 N.W. 9TH AVENUE
MIAMI, FL 331271013

New Principal Place of Business:

Current Mailing Address:

6161 N.W. 9TH AVENUE
MIAMI, FL 331271013

New Mailing Address:

FEI Number: 59-1376077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, ALISON D
6161 NW 9TH AVE.
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: PHILIP, PAUL
Address: 1200 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326

Title: VC () Delete
Name: CURRY, VICTOR T
Address: 2300 NW 135TH ST.
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: WALTHOUR, SAM
Address: 6756 CAMELIA DR.
City-St-Zip: MIRAMAR, FL 33023

Title: S () Delete
Name: HOLSENDOLPH, DARRYL
Address: 19496 SW 24TH ST.
City-St-Zip: MIRAMAR, FL 33029

Title: P (X) Delete
Name: BARNES, ATHUR
Address: 6003 SW 154TH COURT
City-St-Zip: MIAMI, FL 33193

Title: ED (X) Delete
Name: BAKER-BOUIE, SABRINA
Address: 6161 NW 9TH AVE.
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALTHOUR, SAM
Address: 6756 CAMELIA DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: S (X) Change () Addition
Name: HOLSENDOLPH, DARRYL
Address: 19496 SW 24TH ST
City-St-Zip: MIRAMAR, FL 33029

Title: P (X) Change () Addition
Name: BARNES, ARTHUR
Address: 6003 SW 154TH COURT
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON D AUSTIN

CEO

04/19/2007

Electronic Signature of Signing Officer or Director

Date