## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



### FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# POCUMENT #

721665

(8)

## ACTION COMMUNITY CENTER, INC.

Principal Place of Business Mailing Address 970 SW FIRST ST., STE 304 970 SW FIRST ST., STE 304 3. Date Incorporated or Qualified MIAMI FL 33130 MIAMI FL 33130 09/08/1971 4. FEI Number Applied For 59-1620743 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 23 Ζiρ Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONTES DE OCA. MERCY 82 Street Address (P.O. Box Number is Not Acceptable) 8333 HARDING AVE #4 83 MIAMI BEACH FL 33141 84 85 11. Pursuant to the provisions of Sections 617 0502 and 617.1508. 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE NAME ALZOLA, ERNESTO 1.2 NAME 1101 SW 103RD COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME FERNANDEZ CANO, MANOLO 2.2 NAME 8030 SW 16 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE ACOSTA, DOMINGO NAME 3.2 NAME 3950 SW 2ND STREET STREET ADDRESS 33 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE MONTES, DE OCA-GUTIERR M NAME 4. 2 NAME 8333 HARDING AVE. #4 4.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY - ST - 7IP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE

14. Thereby 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 annual report is supplemental innual 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 recovery 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 charged for on an appear with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: /W

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

02-10-98

Date

(305) 545~9298

Change

Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State