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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 721925 (6)

1. Corporation Name

OAKLAND HILLS SOCIAL CENTER, INC.

Principal Place of Business	Mailing Address
800 SW 51ST AVENUE P.O. BOX 9578 MARGATE FL 33068	800 SW 51ST AVENUE P.O. BOX 9578 MARGATE FL 33068

3. Date Incorporated or Qualified: 10/22/1971

4. FEI Number: 23-7279004 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KURTZ, JULIUS
5380 S.W. 11 ST.
MARGATE FL 33068

10. Name and Address of New Registered Agent

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 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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ERNST, MICHAEL		1.2 NAME		
STREET ADDRESS	4996 S W 8TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	V D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIOIA, ANTHONY		2.2 NAME		
STREET ADDRESS	5050 S.W. 8TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARKAS, EMERY		3.2 NAME		
STREET ADDRESS	725 SW 50TH TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WINICK, ESTHER		4.2 NAME		
STREET ADDRESS	890 SW 49 CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~MORGANO, EDYTHE~~ FAIRWEATHER, Theresa		5.2 NAME	FAIRWEATHER, Theresa	
STREET ADDRESS	~~5065 SW 10TH ST~~		5.3 STREET ADDRESS	4955 SW 9th ST	
CITY-ST-ZIP	~~MARGATE, FL 00000~~		5.4 CITY-ST-ZIP	Margate, Fl. 00000	
TITLE	T D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KURTZ, JULIUS		6.2 NAME		
STREET ADDRESS	5380 SW 11TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 on an attachment with an address.

SIGNATURE: [signature] 1/9/98 973-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #