2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90365 002 ****61.25

DOCUMENT # 721925

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 23-7279004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KURTZ, JULIUS 5380 S.W. 11 ST. MARGATE FL 33068	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE N/A

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSES, STEVEN 751 S W54TH AVE MARGATE FL	☐ Delete	PRESIDENT STEPHEN MOSES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D LEWIS, WALLACE J 930 SW 51ST AVE MARGATE FL 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROWN, PAM 841 SW 49 TERRACE MARGATE FL 33068	☒ Delete	2ND V.P. AMBROSE, JAMES 767 SW 54TH AVE MARGATE, FL 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HULSHOF, LUANA 675 50TH TERR MARGATE FL 33068	☒ Delete	SHIRLEY MARKER 915 SW 50TH TERR. MARGATE, FL 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FAIRWEATHER, THERESA 4955 SW 9TH ST MARGATE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D KURTZ, JULIUS 5380 SW 11TH ST MARGATE, FL 00000	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: Julius Kurtz - Treas - JULIUS KURTZ 4/20/01 973-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #