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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725628 (2)

1. Corporation Name

BOYS AND GIRLS CLUBS OF MIAMI, INC.

Principal Place of Business

Mailing Address

2805 S W 32 AVE
P O BOX 330219
MIAMI FL 33233-0219
US2805 S W 32 AVE
P O BOX 330219
MIAMI FL 32233-0219
US3. Date Incorporated or Qualified
02/20/19733a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. BOX 330219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

MIAMI FL

Zip

Country

Zip

Country

24

29

33233-0219

30

4. FEI Number

59-0879227

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANTON, WAYNE
2805 S W 32ND AVE
MIAMI FL 33133

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH PATRICK	
STREET ADDRESS	4031 SW 99 AVE	
CITY-ST-ZIP	MIAMI FL 33165	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANGER, JACK	
STREET ADDRESS	4995 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	YATES, WILLIAM	
STREET ADDRESS	9999 NE 2ND AVE 216	
CITY-ST-ZIP	MIAMI FL 33138	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RENTZ, LARRY	
STREET ADDRESS	1000 BRICKELL AVE #300	
CITY-ST-ZIP	MIAMI FL 33131	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNHARDT, JIM	
STREET ADDRESS	1702 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, ARTHUR SR	
STREET ADDRESS	1795 NW 83 ST	
CITY-ST-ZIP	MIAMI FL 33147	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006168

CR2E037 (9/96)