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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90172 035 \*\*\*\*70.00

0035353

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725628**

1. Corporation Name

**BOYS AND GIRLS CLUBS OF MIAMI, INC.**

Principal Place of Business

2805 S W 32 AVE  
MIAMI FL 33133  
US

Mailing Address

PO BOX 330219  
MIAMI FL 33233  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/20/1973

4. FEI Number

59-0879227

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **SMITH PATRICK**

STREET ADDRESS **4031 SW 99 AVE**

CITY-ST-ZIP **MIAMI FL. 33165**

TITLE **PD** ☐ DELETE

NAME **LANGER, JACK**

STREET ADDRESS **4995 PONCE DE LEON BLVD**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ DELETE

NAME **YATES, WILLIAM**

STREET ADDRESS **9999 NE 2ND AVE 216**

CITY-ST-ZIP **MIAMI FL 33138**

TITLE **TD** ☐ DELETE

NAME **RENTZ, LARRY**

STREET ADDRESS **1000 BRICKELL AVE #300**

CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☐ DELETE

NAME **BERNHARDT, JIM**

STREET ADDRESS **1702 PONCE DE LEON BLVD**

CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ DELETE

NAME **KING, ARTHUR SR**

STREET ADDRESS **1795 NW 83 ST**

CITY-ST-ZIP **MIAMI FL 33147**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1638 So. Bayshore CT. #502**  
**MIAMI, FL 33133**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)