

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725628

FILED
Feb 03, 2006
Secretary of State

Entity Name: BOYS AND GIRLS CLUBS OF MIAMI, INC.

Current Principal Place of Business:

2805 S W 32 AVE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330219
MIAMI, FL 33233 US

New Mailing Address:

FEI Number: 59-0879227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGER, JACK
2805 S W 32ND AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMITH, PATRICK F
Address: 4031 SW 99 AVE
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: LANGER, JACK
Address: 913 ANDALUSIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: GUILARTE, OLGA
Address: 1570 MADRUGA AVENUE, SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: RENTZ, LARRY
Address: 1000 BRICKELL AVE, #300
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: BERNHARDT, JAMES T
Address: 1702 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Delete
Name: HAMILTON, BERTHA
Address: 2109 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANGER, JACK
Address: 913 ANDALUSIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: BERNHARDT, JAMES T
Address: 1700 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAMILTON, BERTHA
Address: 2109 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK LANGER

PD

02/03/2006

Electronic Signature of Signing Officer or Director

Date