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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:22

DOCUMENT # 758147 (3)

1. Corporation Name
MIAMI PALMETTO DEBATE BOOSTERS, INC.

Principal Place of Business Mailing Address
ATTN. DEBATE BOOSTER PRESIDENT ATTN. DEBATE BOOSTER PRESIDENT
7460 S.W. 118TH STREET 7460 S.W. 118TH STREET
MIAMI FL 33156 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/10/1981 3a. Date of Last Report 03/16/1994
4. FEI Number 23-7232224 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country
31 Dade

9. Name and Address of Current Registered Agent

GOLDFARB, MARGARET
6909 S.W. 101ST STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name Glenda Matt
82 Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd
83 Suite 600
84 City Miami FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Glenda Matt*
Signature, typed or printed name of registered agent and title if applicable

DATE *January 19, 1995*

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDFARB, MARGARET 6905 S.W. 101ST STREET MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWNSTEIN, VIVIAN 7860 S.W. 134TH TERRACE MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEBOSS, GAIL 9972 S.W. 125TH TERRACE MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD Glenda Matt 7380 SW 130th St Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PD Eric Jacobs 13594 SW 58th Avenue Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD SuAnn Mondschein 6440 SW 106th St. Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD Sandra Spooner 12055 Pine Needle Lane Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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: *Glenda Matt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Glenda Matt

DATE *1-19-95*
305
445-1500
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