



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90033 017 \*\*\*150.00

<b>DOCUMENT # 762509</b>					
1. Entity Name THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, INC.					
Principal Place of Business 9617 PARK DR MIAMI, FL 33138			Mailing Address P.O. BOX 531512 MIAMI SHORES, FL 33153		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2210193	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, STEVEN J 9165 PARK DR MIAMI, FL 33138			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGOSTA, MARY R		NAME	Ackley, Susan	
STREET ADDRESS	9401 BISCAYNE BLVD.		STREET ADDRESS	1119 NE 99 Street	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALLENGOR, JOHN		NAME	Challenor, John	
STREET ADDRESS	595 NW 91ST.		STREET ADDRESS	595 NW 91 Street	
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP	Miami, FL 33150	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JUDY		NAME	O'Connor, Judy	
STREET ADDRESS	595 N.E. 93 ST.		STREET ADDRESS	595 NE 92 Street	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, JAMES		NAME	McCoy, James	
STREET ADDRESS	9301 NE AVE., SUITE C-30		STREET ADDRESS	325 NE 96 Street	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, CHERYL		NAME	Raia, Carmen	
STREET ADDRESS	10610 NE 10 PLACE		STREET ADDRESS	452 Grand Concourse	
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP	Miami Shores, FL 33138	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAM		NAME	Williams, Pam	
STREET ADDRESS	68 NW 93 ST.		STREET ADDRESS	68 NW 93 Street	
CITY-ST-ZIP	MIAMI SHORES, FL 33150		CITY-ST-ZIP	Miami Shores, FL 33150	
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: 		Judy O'Connor		02/27/04 (305) 754-6212	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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