

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762509

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, INC.

Current Principal Place of Business:

9617 PARK DR
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531512
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 59-2210193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEVEN J
9165 PARK DR
MIAMI, FL 33138 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: D () Delete
Name: ACKLEY, SUSAN
Address: 1119 NE 99 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: SCASSERRA, MELISSA
Address: 442 NE 103RD ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: O'CONNOR, JUDY
Address: 595 NE 92 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: MCCOY, JAMES
Address: 325 NE 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: RAIA, CARMEN
Address: 452 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: WILLIAMS, PAM
Address: 68 NW 93 ST.
City-St-Zip: MIAMI SHORES, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: STEVEN J JOHNSON

Electronic Signature of Signing Officer or Director

CPA

04/28/2006

_____ Date