2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 762509

TI FILED
Sep 02, 2009
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9617 PARK DR MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

P.O. BOX 531512 MIAMI SHORES, FL 33153

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORN, MICHAEL C 502 NE 106 ST MIAMI SHOPES EL 1

MIAMI SHORES, FL 33138 US

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:

Flateria Circulus of Busidess I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition Name: BURCH, ALICE P Name: CALHOUN, CHERYL C Address: 1440 NE 101 ST Address: 9617 PARK DRIVE

City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DVT () Delete Title: DVT (X) Change () Addition

 Name:
 DORN, MICHAEL C
 Name:
 DORN, MICHAEL C

 Address:
 502 NE 106 ST
 Address:
 502 NE 106 ST

City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DS () Delete Title: DS (X) Change () Addition Name: RAIA, CARMEN Name: RAIA, CARMEN

 Address:
 452 GRAND CONCOURSE
 Address:
 452 GRAND CONCOURSE

 City-St-Zip:
 MIAMI SHORES, FL 33138
 City-St-Zip:
 MIAMI SHORES, FL 33138 US

Title: () Delete Title: DV () Change (X) Addition

 Name:
 Name:
 TAMMY, AUSTIN M

 Address:
 Address:
 9617 PARK DRIVE

City-St-Zip: City-St-Zip: MIAMI SHORES, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL C. DORN DVT 09/02/2009