2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90569 048 ****75.00

DOCUMENT # N20849

1. Entity Name

LE JARDIN COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
47 NORTH KROME AVENUE HOMESTEAD FL 33030 US	47 NORTH KROME AVENUE HOMESTEAD FL 33030 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
311 NE 8th Street	311 NE 8th Street
Suite, Apt. #, etc.: Suite #104	Suite, Apt. #, etc.: Suite #104
City & State: Homestead, FL 33030	City & State: Homestead, FL 33030
Zip: 33030 Country: Dade	Zip: 33030 Country: Dade

4. FEI Number: 59-2810036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROBINSKY, BRENT
633 NORTH KROME AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WINEBRENNER, OPAL 5431 NW 167 STREET OPA LOCKA FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHRAMM, THOMAS 47 NORTH KROME AVENUE HOMESTEAD FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tim Buchanan 311 NE 8th St., Suite 104 Homestead, FL 33030 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MUCHANSINGH, ROGER B 1825 PONCE DE LEON BLVD MIAMI FL 33134-4418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRONES, EDUARDO 47 N KROME AVE HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 311 NE 8th St, Suite 104 Homestead, FL 33030
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRONK, GINNIE 2855 SE 4TH PLACE HOMESTEAD FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Paul, Anthony 1825 Ponce de Leon Blvd. Miami, FL 33134 ☐ Change ☒ Addition

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: _____ 4-22-04 305-245-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #