

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90027 037 ****70.00

DOCUMENT # N20849 1. Entity Name LE JARDIN COMMUNITY CENTER, INC.					
Principal Place of Business 311 NE 8TH STREET SUITE 104 HOMESTEAD, FL 33030 US			Mailing Address 311 NE 8TH STREET SUITE 104 HOMESTEAD, FL 33030 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2810036	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
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					
Filing Fee is \$61.25 Due by May 1, 2005		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 BUCHANAN, TIM 311 NE 8TH ST., SUITE 104 HOMESTEAD, FL 33030 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUCHANSINGH, ROGER B 1825 PONCE DE LEON BLVD MIAMI, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRONES, EDUARDO 311 NE 8TH ST., SUITE 104 HOMESTEAD, FL 33030 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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	S PAUL, ANTHONY 1825 PONCE DE LEON BLVD MIAMI, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIGUEREDO, LUIS 8455 SW 158 Street Miami, FL 33157 ☒ 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: <u>Audelia Martinez Audela</u> 5-1-05 (305) 245-7209 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					