

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000629 (6)**

1. Corporation Name

PERRINE/CUTLER RIDGE COUNCIL, INC.



Principal Place of Business: **900 PERRINE AVE. MIAMI FL 33157 US**
Mailing Address: **900 PERRINE AVE. MIAMI FL 33157 US**

3. Date Incorporated or Qualified: **02/15/1993**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0407832**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CRANMAN, STEVEN J. 900 PERRINE AVE. PERRINE FL 33157**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Steven J. Cranman** DATE: **3/26/96**

12. OFFICERS AND DIRECTORS		
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	HEACOCK, DENISE	
STREET ADDRESS	9707 E. HIBISCUS STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	CADMAN, GEORGE I	
STREET ADDRESS	15757 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, MARY	
STREET ADDRESS	18021 SW 91ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOTSON, ALBERT S	
STREET ADDRESS	17901 SW 78TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, WILBUR	
STREET ADDRESS	17452 SW 104TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNA, ED	
STREET ADDRESS	17623 HOMESTEAD AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gundersen, Leif	
13 STREET ADDRESS	17945 Franjo Road	
14 CITY-ST-ZIP	Perrine, FL 33157	
21 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Burgess, Don	
23 STREET ADDRESS	17945 Franjo Road	
24 CITY-ST-ZIP	Perrine, FL 33157	
31 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ludovici, Susan	
33 STREET ADDRESS	17408 SW 97 Avenue	
34 CITY-ST-ZIP	Perrine, FL 33157	
41 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Gentile, John	
43 STREET ADDRESS	8056 SW 81 Drive	
44 CITY-ST-ZIP	Miami, FL 33143	
51 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	McClean, Porter	
53 STREET ADDRESS	14201 SW 83 Avenue	
54 CITY-ST-ZIP	Miami, FL 33158	
61 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Shurkey, Phil	
63 STREET ADDRESS	11222 Quail Roost Drive	
64 CITY-ST-ZIP	Miami, FL 33157	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Denise Heacock** DATE: **3/26/96** DAYTIME PHONE #: **378-9470**

CR2E037 (12/95)