

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
800 PERRINE AVE. MIAMI FL 33157 US
900 PERRINE AVE. MIAMI FL 33157-5433 US

3. Date Incorporated or Qualified 02/15/1993
3a. Date of Last Report 04/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30

4. FEI Number 65-0407832 Applied For Not Applicable
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

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 800002118388
-03/18/97-01109-030
84 City ***61.25 FL 85 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS HEACOCK, DENISE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Co-Chairman
NAME	HEACOCK, DENISE		1.2 NAME Cadman, George
STREET ADDRESS	9707 E. HIBISCUS STREET		1.3 STREET ADDRESS 15757 S. Dixie Hwy
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	VC CADMAN, GEORGE I	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Co-Chairman
NAME	CADMAN, GEORGE I		2.2 NAME Philip Sharkey
STREET ADDRESS	15757 S. DIXIE HWY.		2.3 STREET ADDRESS 11222 Quail Roost Drive
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33157
TITLE	D COLLINS, MARY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary/Treasurer
NAME	COLLINS, MARY		3.2 NAME Wilbur Bell
STREET ADDRESS	18021 SW 91ST AVE.		3.3 STREET ADDRESS 17452 SW 104th Avenue
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP Miami, FL 33157
TITLE	D DOTSON, ALBERT S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director
NAME	DOTSON, ALBERT S		4.2 NAME Denise Heacock
STREET ADDRESS	17901 SW 78TH AVE.		4.3 STREET ADDRESS 9707 E. Hibiscus Street
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP Miami, FL 33157
TITLE	D BELL, WILBUR	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Chair Emeritus
NAME	BELL, WILBUR		5.2 NAME Leif Gunderson
STREET ADDRESS	17452 SW 104TH AVE.		5.3 STREET ADDRESS 17945 Franjo Road
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33157
TITLE	D HANNA, ED	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Chair Emeritus
NAME	HANNA, ED		6.2 NAME J. Porter McClean
STREET ADDRESS	17623 HOMESTEAD AVE.		6.3 STREET ADDRESS 14201 SW 83 Avenue
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP Miami, FL 33158

1.1 TITLE	Co-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cadman, George	
1.3 STREET ADDRESS	15757 S. Dixie Hwy	
1.4 CITY-ST-ZIP		
2.1 TITLE	Co-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Philip Sharkey	
2.3 STREET ADDRESS	11222 Quail Roost Drive	
2.4 CITY-ST-ZIP	Miami, FL 33157	
3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilbur Bell	
3.3 STREET ADDRESS	17452 SW 104th Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33157	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Denise Heacock	
4.3 STREET ADDRESS	9707 E. Hibiscus Street	
4.4 CITY-ST-ZIP	Miami, FL 33157	
5.1 TITLE	Chair Emeritus	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leif Gunderson	
5.3 STREET ADDRESS	17945 Franjo Road	
5.4 CITY-ST-ZIP	Miami, FL 33157	
6.1 TITLE	Chair Emeritus	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. Porter McClean	
6.3 STREET ADDRESS	14201 SW 83 Avenue	
6.4 CITY-ST-ZIP	Miami, FL 33158	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person, 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, as on an attachment with an address.

CR2E037 (9/96)