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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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0032651

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000000629**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/15/1993

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

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 **Vaughan, Kerri L.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **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 *Kerri L. Vaughan* **KERRI L. VAUGHAN, EXECUTIVE DIRECTOR** **4-22-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEACOCK, DENISE	
STREET ADDRESS	9707 E. HIBISCUS STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	CO-C	<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	ST	<input type="checkbox"/> DELETE
NAME	BELL, WILBUR	
STREET ADDRESS	17452 SW 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
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 '92

1.1 TITLE	CHAIRMAN C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEIF GUNDERSON	
1.3 STREET ADDRESS	14095 SO. DIXIE HWY	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN BREDER	
2.3 STREET ADDRESS	9861 SW 184 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD JEFFERSON	
3.3 STREET ADDRESS	20505 S. DIXIE HWY # 899	
3.4 CITY-ST-ZIP	MIAMI, FL 33189	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED. MACDOUGALL	
4.3 STREET ADDRESS	18151 SW 98 CT.	
4.4 CITY-ST-ZIP	MIAMI, FL 33157	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAUL NEIDHART	
5.3 STREET ADDRESS	15800 SW 79 AVE.	
5.4 CITY-ST-ZIP	MIAMI, FL. 33157	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOYCE MASSO	
6.3 STREET ADDRESS	18131 SW 98 AVE, ROAD	
6.4 CITY-ST-ZIP	MIAMI, FL 33157	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Leif Gunderson* **SIGNATURE REQUIRED** **4-22-99** **305-378-9470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)