FILE NOW: FILING FEE IS $61.25 AMENDMENT

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 NOV 22 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002830

1. Corporation Name

The Community Civic Association, Incorporated

Principal Place of Business / Mailing Address

Post Office Box 54
Hallandale Beach, Florida 33008-0054

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Post Office Box 54	26 Post Office Box 54	6/23/93
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A	4. FEI Number 65-0487085 ☐ Applied For ☐ Not Applicable
City & State 23 Hallandale Beach, FL 33009	City & State 28 Hallandale Beach, FL 33009	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33009 Country 25 USA	Zip 29 33009 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Mary Washington
700 N. W. 5th Court
Hallandale Beach, Florida 33009

10. Name and Address of New Registered Agent

81 Name: Ida L. Scott
82 Street Address (P.O. Box Number is Not Acceptable): ~~657 N. W. 6th Court~~
83
84 City: Hallandale Beach, Florida FL 85 Zip Code: 33009

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: Ida L. Scott 11/12/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Josh Brown, Jr. Pres/Direct 657 N.W. 5th Court Hallandale Beach, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Eunice H. Mobley, VP/Director 738 N.W. 3rd Court Hallandale Beach, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Angelean C. Glass,Rec. Sec./ 613 N.W. 2nd Ave. Director Hallandale Beach, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Ida L. Scott, Coor. Sec./Dir. 657 N. W. 6th Court Hallandale Beach, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Jacquelyn L. Gates,Trea/Dir. 901 N. W. 9th Avenue Hallandale Beach, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Beverly Bowe, Fin. Sec./Dir. 814 N. W. 5th Avenue Hallandale Beach, FL 33009	☒ Change ☐ Addition

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14. 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 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: Ida L. Scott Corr. Sec. 11/12/99 (954) 765-4410 x249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #