

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 # N95000003578 (0)

1. Corporation Name

DISTRICT VII COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

7515 N.W. 88 AVE.
TAMARAC FL 33321

7515 N.W. 88 AVE.
TAMARAC FL 33321

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0600448

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROKER, GEORGE L
7515 N.W. 88 AVE.
TAMARAC FL 33321

81 Name

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

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	<input type="checkbox"/> DELETE
D	ANDERSON, BERT	4420 N.W. 59TH CT.	FT. LAUDERDALE FL 33319	<input type="checkbox"/>
D	AQUILINA, ELLEN	6848 N. UNIVERSITY DR.	TAMARAC FL 33321	<input type="checkbox"/>
D	FARLEY, JOHN	7400 ASHMONT CIR.	TAMARAC FL 33321	<input type="checkbox"/>
D	GOLDSTEIN, MICHAEL	7515 N.W. 85TH AVE.	TAMARAC FL 33321	<input type="checkbox"/>
D	HIRSCHBEIN, JACK	7658 FAIRFAX DRIVE, BLDG 1	TAMARAC FL 33321	<input type="checkbox"/>
D	JAMES, BERNARD	9953 N. BELFORT CIR.	TAMARAC FL 33321	<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Bert D. Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERTIL D. ANDERSON

Feb. 13, 1996
Date
972-5797
Daytime Phone #

CR2E037 (12/95)