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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

03-06-1999 90023 023 ****61.25

DOCUMENT # N97000003314

1. Corporation Name

MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNIN G COMMUNITY" (CLC), INC.

Principal Place of Business

11441 N.W. 2ND AVE.
PORTABLE 1
MIAMI SHORES FL 33168

Mailing Address

11441 N.W. 2ND AVE.
PORTABLE 1
MIAMI SHORES FL 33168



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/09/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0770873

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATIMER, WALTER G
1011 IVES DAIRY ROAD
SUITE 210
MIAMI FL 33179

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 D DELETE
NAME CERRA, THOMAS
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME LIFTIN, ELAINE DR.
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME COBB, CHARLES
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

3.1 TITLE C Change Addition
3.2 NAME COBB, CHARLES
3.3 STREET ADDRESS 11300 NORTHEAST SECOND AVE.
3.4 CITY-ST-ZIP MIAMI SHORES FL 33161

TITLE D DELETE
NAME O'LAUGHLIN, JEANNE PH.D.
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME DENNOME, JEAN
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME PICHE, EVELYN PH.D.
STREET ADDRESS 11300 NORTHEAST SECOND AVE.
CITY-ST-ZIP MIAMI SHORES FL 33161

6.1 TITLE P Change Addition
6.2 NAME PICHE, EVELYN PH.D.
6.3 STREET ADDRESS 11300 NORTHEAST SECOND AVE.
6.4 CITY-ST-ZIP MIAMI SHORES FL 33161

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: *Evelyn Piche* EVELYN PICHE 1/15/99 (305)899-3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)