FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am § Secretary of State

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

OCUMENT#	N9700000331	4

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

PORTABLE 1 MIAMI SHORES FL 33168

						- (
2. Principal P	Place of Business 2a. Mailing Address						Date Incorporated or Qualifed		•	
21		26					06/09/1997			
Suite, Apt.	#, etc.	Suite, Apt#, etc					El Number		- Appl	ied For
22		27					65-0770873		Not /	Applicable
City & Stat	8	City & State				5 (Certifcate of Status Desired	· ·		Iditional
23		28				J. (Certificate of Status Desired	· Fe	e Req	uired
Zip	Country	Zip	Co	untry		6. E	Election Campaign Financing	\$5	.00 M	lay Be
24	25	29	30			1	Frust Fund Contribution	Ad	ded to	Fees
	9. Name and Address of Current I	Registered Agent				10. (Name and Address of New Regis	tered Agent	<u> </u>	
-				81	Name		•			
LATIMED	WALTER G			82	Street /	Address (P.	O. Box Number is Not Acceptable)			
				62	300007	· ij eestinur	S. DOX NOTIBOL IS NOT ACCORDED TO			
	DAIRY ROAD			83			,		-	
SUITE 21										
MIAMI FL	331/9			84	City		•	FI 85	Zip Co	же
11. Pursuant	to the provisions of Sections 617.0502	and 617 1509. Elorida Statu	itas the	ahove	-named	cornoration	submits this statement for the purp	ose of changir	na its re	egistered
office or r	egistered agent, or both, in the State of	Florida, Such change was	autnonze	eo by i	the corpo	ration's boa	ard of directors. I hereby accept the	appointment	as regi	stered
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Fl	orida Sta	itutes.						
SIGNATURE								ATE		
	Signature, typed or printed name of registered agent a	4.6	E: Register		signature re	ien nerfw beräupe	DDITIONS/CHANGES TO OFFICE		CTOR	S IN 12
12.	OFFICERS AND	DIRECTORS DELETE		TITLE			55/110/10/10/10/10/10/10	Cha		☐ Addition
TITLE	D TUDING	בן טכנניג								_
NAME	CERRA, THOMAS	_		NAME			,		•	
STREET ADDRESS	11300 NORTHEAST SECOND AV	E.			ADDRESS					
CITY-ST-ZIP	MIAMI SHORES FL 33161		_	CITY-ST	- ZIP					Addition
TITLÉ	D	☐ DELETE	2.1	TITLE				☐ Cha	inge	· [_] Audilion
NAME	LIFTIN, ELAINE DR.		2.2	NAME						
STREET ADORESS	11300 NORTHEAST SECOND AV	E.	2.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI SHORES FL 33161		2.4	ÇITY-S	r-zip				· ·	
TITLE	D	☐ DELETE	3.1	TITLE		C	•	[X] Cha	ange	Addition
NAME.	COBB. CHARLES		3.2	NAME		COBB	, CHARLES			
STREET ADDRESS	ALCOHOLIST OF COURT AND	E.	3.3	STREET	ADDRESS	1130		OND AVI	E.	,
CITY-ST-ZIP	MIAMI SHORES FL 33161	_	3.4.	CITY-S'	r-zip	MIAM	I SHORES FL 3:	3161		
TITLE	D	☐ OELETE		TITLE				Cha	ange	Addition
NAME	O'LAUGHLIN, JEANNE PH.D.		4.2	NAME						
STREET ADDRESS	ALLES MARKING OF COURT AND	F			ADDRESS					
	MIAMI SHORES FL 33161	L .	1	CITY-SI						•
CITY-ST-ZIP	† : · · · · · · · · · · · · · · · · · ·	□ DELETE		TITLE	-21-	L		☐ Cha	ange	Addition
TITLE	D DENNIONE JEAN			NAME	ļ			_		•
NAME	DENNOME, JEAN				ADORESS					
STREET ADDRESS		E.		CITY-ST				•		
CITY-ST-ZIP	MIAMI SHORES FL 33161	C pricer		TITLE	-4IF	P		∑ Cha	anne	Addition
TITLE	D	☐ DELETE				. ~	e establisher by	ĬΣ cur		
NAME	PICHE, EVELYN PH.D			NAME			E, EVELYN PH.D		_ : .	
STREET ADDRESS	11300 NORTHEAST SECOND AV	E.	6.3	STREET	ADDRESS		O NORTHEAST SEC		٠٠.	
	1					MIXM	T CHUDDC 'ET 2'	2161		

All Incretory 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 open attachment with an address with all other like empowered.

SIGNATURE:

THIS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

<u>305)899-3649</u>

CR2E037 (11/