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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90172 036 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000004395

1. Corporation Name  
**BOYS AND GIRLS CLUBS OF MIAMI NORTHWEST PROPERTY FOUNDATION, INC.**

Principal Place of Business  
 2805 S.W. 32ND AVE.  
 MIAMI FL 33133

Mailing Address  
 P.O. BOX 330219  
 MIAMI FL 33233  
 US

113453 - 90172 - 36



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0731996	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24 25		29 30		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., STE. 485 SOUTH HOLLYWOOD FL 33021				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPLER, RICHARD M	1.2 NAME	
STREET ADDRESS	2805 S.W. 32ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHARDT, JAMES T	2.2 NAME	
STREET ADDRESS	2805 S.W. 32ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGER, JACK	3.2 NAME	
STREET ADDRESS	2805 S.W. 32ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ROBERT M	4.2 NAME	
STREET ADDRESS	2805 S.W. 32ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBOZO, CHARLES G	5.2 NAME	
STREET ADDRESS	2805 S.W. 32ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)