# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22011 (3)

1. Corporation Name

SOUTH MIDDLE RIVER CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MARGARET WALL<br>1505 NE 2ND AVE.<br>FT. LAUDERDALE FL 33304<br>US | C/O MARGARET WALL<br>1505 NE 2ND AVE.<br>FT. LAUDERDALE FL 33304<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1987
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2693195 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 POST OFFICE BOX 1351 | 26 POST OFFICE BOX 1351 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 FORT LAUDERDALE, FL | City & State 28 FORT LAUDERDALE, FL |
| Zip 24 33302-1351 County 25 USA | Zip 29 33302-1351 County 30 USA |

9. Name and Address of Current Registered Agent

WALL, MARGARET
1505 NE 2ND AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: VERONICA BOWER
82 Street Address (P.O. Box Number is Not Acceptable): 1504 NE 2 AVENUE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33304

11. Pursuant to the provisions of Section 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: Veronica Bower Veronica Bower, Pres 5/8/95
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 | 11 TITLE | D ☐ Change ☑ Addition |
| NAME | MOSES, ELIJAH | 12 NAME | MOSES, MARGARET |
| STREET ADDRESS | 1355 N.W. EIGHTH AVENUE | 13 STREET ADDRESS | 1355 NW 8 AVENUE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 |
| TITLE | SD | 21 TITLE | D ☐ Change ☑ Addition |
| NAME | GRIDLY, MARIADELE | 22 NAME | WEBSTER, ROBERT |
| STREET ADDRESS | 1106 NE 1ST AVE. | 23 STREET ADDRESS | 1436 NW 2 AVENUE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 |
| TITLE | D | 31 TITLE | V ☑ Change ☐ Addition |
| NAME | GIBBONEY, LINDA | 32 NAME | GIBBONEY, LINDA |
| STREET ADDRESS | 1700 NW SEVENTH TERRACE | 33 STREET ADDRESS | 1700 NW 7 TERRACE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 34 CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 |
| TITLE | PD | 41 TITLE | D ☐ Change ☑ Addition |
| NAME | BOWER, VERONICA | 42 NAME | LADER, PETER |
| STREET ADDRESS | 1504 NE SECOND AVE | 43 STREET ADDRESS | 1423 NW 3rd AV |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 44 CITY-ST-ZIP | FORTLAUDERDALE FL 33311 |
| TITLE | D | 51 TITLE | T ☑ Change ☐ Addition |
| NAME | CUSTER, KEN | 52 NAME | CUSTER, KEN |
| STREET ADDRESS | 1238 NW 4TH AVE. | 53 STREET ADDRESS | 1236 NW 4 AVENUE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 54 CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 |
| TITLE | TD | 61 TITLE | RESIGNED ☑ Change ☐ Addition |
| NAME | WALL, MARGARET | 62 NAME | WALL, MARGARET |
| STREET ADDRESS | 1505 NE 2ND AVENUE | 63 STREET ADDRESS | NO LONGER AN OFFICER OF SMACA |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 64 CITY-ST-ZIP | |

REMITTED BY MAY 1

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)(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.

SIGNATURE: Veronica Bower Veronica Bower, Pres. 4/14/95 305 5233589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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