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Mar 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000629 (6)

1. Corporation Name

PERRINE/CUTLER RIDGE COUNCIL, INC.



Principal Place of Business

Mailing Address

800 PERRINE AVE.
MIAMI FL 33157
US

900 PERRINE AVE.
MIAMI FL 33157-5433
US

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0407832

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

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

CRANMAN, STEVEN J.
900 PERRINE AVE.
PERRINE FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800002118388

84 City

03/19/97-01109-030
***61.25 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 of agent or principal 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 DTS ☒ DELETE
NAME HEACOCK, DENISE
STREET ADDRESS 9707 E. HIBISCUS STREET
CITY-ST-ZIP MIAMI FL

1.1 TITLE Co-Chairman ☒ Change ☐ Addition
1.2 NAME Cadman, George
1.3 STREET ADDRESS 15757 S. Dixie Hwy
1.4 CITY-ST-ZIP

TITLE VC ☒ DELETE
NAME CADMAN, GEORGE I
STREET ADDRESS 15757 S. DIXIE HWY.
CITY-ST-ZIP MIAMI FL

2.1 TITLE Co-Chairman ☒ Change ☐ Addition
2.2 NAME Philip Sharkey
2.3 STREET ADDRESS 11222 Quail Roost Drive
2.4 CITY-ST-ZIP Miami, FL 33157

TITLE D ☒ DELETE
NAME COLLINS, MARY
STREET ADDRESS 18021 SW 91ST AVE.
CITY-ST-ZIP MIAMI FL

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition
3.2 NAME Wilbur Bell
3.3 STREET ADDRESS 17452 SW 104th Avenue
3.4 CITY-ST-ZIP Miami, FL 33157

TITLE D ☒ DELETE
NAME DOTSON, ALBERT S
STREET ADDRESS 17901 SW 78TH AVE.
CITY-ST-ZIP MIAMI FL

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Denise Heacock
4.3 STREET ADDRESS 9707 E. Hibiscus Street
4.4 CITY-ST-ZIP Miami, FL 33157

TITLE D ☒ DELETE
NAME BELL, WILBUR
STREET ADDRESS 17452 SW 104TH AVE.
CITY-ST-ZIP MIAMI FL

5.1 TITLE Chair Emeritus ☐ Change ☒ Addition
5.2 NAME Leif Gunderson
5.3 STREET ADDRESS 17945 Frango Road
5.4 CITY-ST-ZIP Miami, FL 33157

TITLE D ☒ DELETE
NAME HANNA, ED
STREET ADDRESS 17623 HOMESTEAD AVE.
CITY-ST-ZIP MIAMI FL

6.1 TITLE Chair Emeritus ☐ Change ☒ Addition
6.2 NAME J. Porter McClean
6.3 STREET ADDRESS 14201 SW 83 Avenue
6.4 CITY-ST-ZIP Miami, FL 33158

14. I do 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. 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.

CR2E037 (9/96)