

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **737458** (0)

1. Corporation Name

**MIAMI RESCUE MISSION, INC.**

Principal Place of Business

Mailing Address

~~8040 N.W. 1ST AVENUE~~  
~~P.O. BOX NO. 420620~~  
~~MIAMI FL 33242-0620~~  
~~US~~

~~2010 N.W. 1ST AVENUE~~  
~~P.O. BOX NO. 420620~~  
~~MIAMI FL 33242-0620~~  
~~US~~

3. Date Incorporated or Qualified

**12/06/1976**

4. FEI Number

**59-1743865**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**2159 NW 1<sup>st</sup> Court**

**2159 NW 1<sup>st</sup> Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEW, JEFFREY ALLEN**  
**201 S. BISCAYNE BLVD.**  
**SUITE 340**  
**MIAMI FL 33131**

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 ☐ DELETE

**PD**  
**JACOBS, FRANKLIN M.**  
**2010 N.W. 1ST AVENUE**  
**MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**VTD**  
**JACOBS, MAXINE E.**  
**2010 N.W. 1ST AVENUE**  
**MIAMI FL**

1.2 NAME

1.3 STREET ADDRESS **2159 NW 1<sup>st</sup> Court**

1.4 CITY-ST-ZIP **33127**

TITLE ☐ DELETE

**SD**  
**TEW, JEFFREY ALLEN**  
**201 SOUTH BISCAYNE BLVD, SUITE 340**  
**MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

2.2 NAME

2.3 STREET ADDRESS **2159 NW 1<sup>st</sup> Court**

2.4 CITY-ST-ZIP **33127**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Maxine E. Jacobs**

**305/571-2273**

**2-24-98**

CR2E037 (10/97)