FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

MIAMI RESCUE MISSION, INC.

FILED Mar 03 1998 8:00am Secretary of State

VIII 210					
Principal Place of Business		Mailing Address			T I DENTY CORES NITH TOOM CITES BY AND TOUR OVER BY BY OUR CONTRACT STATE STAT
8010 N.W. 1ST AVENUE - P.O. BOX NO. 420820 MIAMI FL 33242-0620		-2010 N.W. 18T-AVENUE - P.O. BOX NO. 420620 MIAMI FL 33242-0620			3. Date incorporated or Qualified 12/06/1976
US		us			4. FEI Number Applied For Not Applied For Not Applied For
	ace of Business	2a. Mailing Address			SR 75 Additional
	9 NW 1- Court	26 2159NW 1st Court			Fee Required
Suite, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	- 		7. Is this nonprofit corporation a homeowners association?
23 Zip	Country	Z _I p	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
			81	Name	
TEW, JEFFREY ALLEN				Street A	Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD.					
SUITE 340				ĺ	
mlami fl	. 33131		84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617 05	02 and 617 1508 Florida Sta	tutes the above	e-pamed	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, Soction 617.0503, Florida Statutes.					
=	Triamilia, with, and accept the delig	gations of, Section 017.0003,	r ioriua Statute	.	
SIGNATURE _	Signature, typed or printed name of registered ag	ont and tille il applicable (N	OTE: Registered Ag	ent signature i	required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIFLE		Change ☐ Addition
NAME	JACOBS, FRANKLIN M.		1.2 NAME	1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
STREET ADDRESS	2010 N.W. 1ST AVENUE		1.3 STAEET	1	2159 NW 15 Court
CITY-ST-ZIP TITLE	MIAMI FL VTD	☐ DELETÉ	1.4 CITY - 5 2.1 TITLE	ST - ZIP	33/37 Na Change Addition
NAME	JAÇOBS, MAXINE E.		2.2 NAME		
STREET ADDRESS	2010 N.W. 1ST AVENUE		2.3 STREET	ADORESS	2159 NW 1st Court
CITY-ST-ZIP	MIAMI FL		2.4 CITY-		33127
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME]	TEW, JEFFREY ALLEN		3.2 NAME	ĺ	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD), SUITE 340	3.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP	
TITLE		L.) DELETE	4.1 TITLE		L. Change L. Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		DELETE	4.4 City-5 5.1 Title	T-ZIP	Change Addition
NAME		C OLLLIE	5.1 THEE		Li Diango (Li Padillon
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	1	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	İ	
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP		-	6.4 CITY- S		
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 suppliemental 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. Meyrne E. J					