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**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90136 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737458**

1. Corporation Name

**MIAMI RESCUE MISSION, INC.**

Principal Place of Business

2159 NW 1ST COURT  
P.O. BOX NO. 420620  
MIAMI FL 33242-0620  
US

Mailing Address

2159 NW 1ST COURT  
P.O. BOX NO. 420620  
MIAMI FL 33242-0620  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

12/06/1976

4. FEI Number

59-1743865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

TITLE ☐ DELETE

NAME **PD**  
**JACOBS, FRANKLIN M.**  
STREET ADDRESS **2159 NW 1ST COURT**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME **VTD**  
**JACOBS, MAXINE E.**  
STREET ADDRESS **2159 NW 1ST COURT**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME **SD**  
**TEW, JEFFREY ALLEN**  
STREET ADDRESS **201 SOUTH BISCAYNE BLVD, SUITE 340**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Gordon, Roger**  
1.3 STREET ADDRESS **14020 N. Miami Ave**  
1.4 CITY-ST-ZIP **Miami, FL 33168**

2.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Lyons, William**  
2.3 STREET ADDRESS **941 Swan Ave**  
2.4 CITY-ST-ZIP **Miami Springs, FL 33166**

3.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Mc Cray, Daryl**  
3.3 STREET ADDRESS **13800 SW 149 Circle Lane #3**  
3.4 CITY-ST-ZIP **Miami, FL 33157**

4.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Moye, Charles**  
4.3 STREET ADDRESS **3401 SW 130 Ave, CB26**  
4.4 CITY-ST-ZIP **Miramar, FL 33027**

5.1 TITLE ☐ Change ☒ Addition

NAME **D**  
**Perez, Leo**  
5.3 STREET ADDRESS **13305 SW 37 Terr**  
5.4 CITY-ST-ZIP **Miami, FL 33175**

6.1 TITLE ☐ Change ☐ Addition

NAME  
6.3 STREET ADDRESS  
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:

*Maxine E. Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maxine E. Jacobs*

3/15/99

Date

305/571-2215

Daytime Phone #

CR2E037 (1/98)