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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000629

1. Corporation Name
PERRINE/CUTLER RIDGE COUNCIL, INC.

Principal Place of Business	Mailing Address
900 PERRINE AVE. MIAMI FL 33157 US	900 PERRINE AVE. MIAMI FL 33157 US

2. Principa Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0407832 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Vaughan, Kerri L.
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: Kerri Vaughan KERRI L. VAUGHAN, EXECUTIVE DIRECTOR 4-22-99
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	☒ DELETE	1.1 TITLE	CHAIRMAN C	☐ Change ☒ Addition
NAME	HEACOCK, DENISE		1.2 NAME	LEIF GUNDERSON	
STREET ADDRESS	9707 E. HIBISCUS STREET		1.3 STREET ADDRESS	14095 SO. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	CO-C	☐ DELETE	2.1 TITLE	DIRECTOR D	☐ Change ☒ Addition
NAME	CADMAN, GEORGE I		2.2 NAME	JOHN BREDER	
STREET ADDRESS	15757 S. DIXIE HWY.		2.3 STREET ADDRESS	9861 SW 184 ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLINS, MARY		3.2 NAME	RONALD JEFFERSON	
STREET ADDRESS	18021 SW 91ST AVE.		3.3 STREET ADDRESS	20505 S. DIXIE HWY # 899	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DOTSON, ALBERT S		4.2 NAME	ED. MACDOUGALL	
STREET ADDRESS	17901 SW 78TH AVE.		4.3 STREET ADDRESS	18151 SW 98 CT.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	ST	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BELL, WILBUR		5.2 NAME	PAUL NEIDHART	
STREET ADDRESS	17452 SW 104TH AVE.		5.3 STREET ADDRESS	15800 SW 79 AVE.	
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HANNA, ED		6.2 NAME	JOYCE MASSO	
STREET ADDRESS	17623 HOMESTEAD AVE.		6.3 STREET ADDRESS	18131 SW 98 AVE, ROAD	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33157	

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: SIGNATURE REQUIRED 4-22-99 305-378-8470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)