2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000629

Entity Name: PERRINE/CUTLER RIDGE COUNCIL, INC.

FILED Jul 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 900 PERRINE AVE. MIAMI, FL 33157 US **Current Mailing Address: New Mailing Address:** 900 PERRINE AVE. MIAMI, FL 33157 FEI Number: 65-0407832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEACOCK, DENISE 900 PERRINE AVE. PERRINE, FL 33157 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BREDER, JOHN Name: Name: Address: 9861 SW 184 ST Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: Title: (X) Change () Addition () Delete JOHNSON, BARRY Name: Name: JOHNSON, BARRY Address: 9100 SO. DADELAND BLVD. #1410 Address: 1601 BISCAYNE BLVD., BALLROOM LEVEL City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33132 Title: () Delete Title: () Change () Addition ALENCIKAS, JOANN Name: Name: 19500 SO. DIXIE HIGHWAY Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change () Addition DOTSON, ALBERT S Name: Name: ENRIGHT, BILL 17901 SW 78TH AVE. Address: Address: 24280 SW 182 AVENUE City-St-Zip: PERRINE, FL 33157 City-St-Zip: HOMESTEAD, FL 33031 Title: Title: () Delete () Change () Addition BELL, WILBUR Name: Name: 17452 SW 104 AVE Address: Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition HANNA, ED MASSO, JOYCE Name: Name: Address: 17623 HOMESTEAD AVE. Address: 18131 98 AVENUE ROAD PERRINE, FL 33157 PALMETTO BAY, FL 33157 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE MASSO D 07/28/2004