

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714512 (1)**  
1. Corporation Name  
**THE URBAN LEAGUE OF GREATER MIAMI, INC.**



Principal Place of Business <b>6500 NW 25TH AVE. MIAMI FL 33147</b>	Mailing Address <b>6500 NW 25TH AVE. MIAMI FL 33147-4177</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1968</b>	3a. Date of Last Report <b>02/26/1996</b>
21	22	23	24	4. FEI Number <b>59-0699445</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FAIR, TALMADGE W. 8500 NW 25TH AVE. MIAMI FL 33147</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIR, TALMADGE W</b>	1.2 NAME	
STREET ADDRESS	<b>8500 NW 25TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, CEASAR</b>	2.2 NAME	<b>Castell Bryant</b>
STREET ADDRESS	<b>8500 NW 25TH AVE</b>	2.3 STREET ADDRESS	<b>300 N.E. 2nd Avenue, #1159</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33132</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER-MASON, BARBARA</b>	3.2 NAME	<b>Jose A. Riesco</b>
STREET ADDRESS	<b>8500 NW 25TH AVE.</b>	3.3 STREET ADDRESS	<b>2801 Ponce de Leon Blvd.</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLAMY, ANGELA</b>	4.2 NAME	<b>Judith A. Cannon</b>
STREET ADDRESS	<b>8550 NW 25TH AVE</b>	4.3 STREET ADDRESS	<b>6720 S.W. 124th Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)