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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714512

1. Corporation Name
THE URBAN LEAGUE OF GREATER MIAMI, INC.

Principal Place of Business 8500 NW 25TH AVE. MIAMI FL 33147	Mailing Address 8500 NW 25TH AVE. MIAMI FL 33147
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0699445
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FAIR, TALMADGE W. 8500 NW 25TH AVE. MIAMI FL 33147		81 Name	
		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 _____ (NOT E: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, TALMADGE W	1.2 NAME	
STREET ADDRESS	8500 NW 25TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CASTELL	2.2 NAME	
STREET ADDRESS	300 NE 2ND AVE. #1159	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESCO, JOSE A	3.2 NAME	PAYNE, LINDA
STREET ADDRESS	2801 PONCE DE LEON BLVD	3.3 STREET ADDRESS	3275 NW 79th ST
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, JUDITH A	4.2 NAME	CANNON, JUDITH A
STREET ADDRESS	6720 SW 124TH ST	4.3 STREET ADDRESS	6720 SW 124th St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MILLARES, CARMEN E.
STREET ADDRESS		5.3 STREET ADDRESS	100 NE 183rd ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GINN, DONNA
STREET ADDRESS		6.3 STREET ADDRESS	11430 N KENDALL DR, #208
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33176

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: _____ (305) 696-4450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: 2/9/99 Daytime Phone # _____

CR2E037 (1/98)