

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714512**

1. Entity 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

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-0699445 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FAIR, TALMADGE W.  
8500 NW 25TH AVE.  
MIAMI, FL 33147

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAIR, TALMADGE W 8500 NW 25TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, LINDA 3275 NW 79TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEFFERNAN, PATRICK J 10531 NE 3 AVE. MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, CORDELL 2601 SW 34 AVE. PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, VALERIE DAVIS 1637 NW 27 AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000337111  
04/27/05-80156-002 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **04/25/05 805-696-4450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #