

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715042 (8)

1. Corporation Name

PIONEER BOOSTERS OF NORTH MIAMI, INC.

Principal Place of Business

800 NORTHEAST 137TH STREET  
NORTH MIAMI FL 33161-3243

Mailing Address

800 NORTHEAST 137TH STREET  
NORTH MIAMI FL 33161-3243



3. Date Incorporated or Qualified  
07/31/1968

3a. Date of Last Report  
04/05/1995

4. FEI Number

59-2108294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STEPHENS, THOMAS  
143 N.E. 90 STREET  
MIAMI FL 33138

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAMUEL, CELESTINE ☒ DELETE  
STREET ADDRESS 185 NE 120 STREET  
CITY-ST-ZIP N MIAMI FL

TITLE VD  
NAME MEDFORD, VAUGHAN ☒ DELETE  
STREET ADDRESS 13630 N.W. 5 AVENUE  
CITY-ST-ZIP N MIAMI FL

TITLE TD  
NAME SMELLIE, CHARLENE ☒ DELETE  
STREET ADDRESS 660 NW 153 STREET  
CITY-ST-ZIP N MIAMI FL

TITLE 2VP  
NAME STEPHENS, THOMAS ☒ DELETE  
STREET ADDRESS 143 NE 90 STREET  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME BACH, MARIAN ☒ DELETE  
STREET ADDRESS 9304 NE 5 AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VP  
NAME MUNIZ, ALICIA ☒ DELETE  
STREET ADDRESS 14725 NW 5TH AVE  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME SAWYER, ALMA  
1.3 STREET ADDRESS 14420 N.W. 16CT  
1.4 CITY-ST-ZIP MIAMI FL 33167

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME SHERIFF, MARY  
2.3 STREET ADDRESS 15205 N.W. 10TH CT  
2.4 CITY-ST-ZIP MIAMI FL 33169

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME MINCEY, GLORIA  
3.3 STREET ADDRESS 15151 N.E. 15 CT  
3.4 CITY-ST-ZIP N MIAMI FL 33162

4.1 TITLE 2VP ☒ Change ☐ Addition  
4.2 NAME PILLEY, CATHY  
4.3 STREET ADDRESS 290 N.W. 120 ST  
4.4 CITY-ST-ZIP MIAMI FL 33168

5.1 TITLE S ☒ Change ☐ Addition  
5.2 NAME DOUYON, YANICK  
5.3 STREET ADDRESS 1125 N.W. 151 ST  
5.4 CITY-ST-ZIP MIAMI FL 33169

6.1 TITLE VP ☒ Change ☐ Addition  
6.2 NAME EDMAN, ANTHEA  
6.3 STREET ADDRESS 77 N.W. 135 ST  
6.4 CITY-ST-ZIP MIAMI FL 33168

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

Date

305-685-1926

Daytime Phone #

CR2E037 (3/96)