

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 011 ****61.25

DOCUMENT # 717004

1. Entity Name
MIAMI MISSION ASSOCIATION, INC.



Principal Place of Business
**2159 NW 1ST CT
MIAMI, FL 33242-0620 US**

Mailing Address
**P.O. BOX 420620
MIAMI, FL 33242-0620 US**

60025840



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0803203

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEW, JEFFREY
1441 BRICKELL AVE
15TH FLOOR
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JACOBS, FRANKLIN M
2159 NW 1ST CT
MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**331 SW 8th St. Apt. 1C
Boca Raton, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
JACOBS, MAXINE E
2159 NW 1ST COURT
MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**331 SW 8th St. Apt. 1C
Boca Raton, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TEW, JEFFREY ALLEN
1441 BRICKELL AVENUE, 15TH FLOOR
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *MAXINE E. JACOBS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 **305-571-2201**
Date Daytime Phone #