FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **717172** **(1)**

1. Corporation Name
HALLANDALE COMMUNITY COUNCIL SCHLARSHIP FUND, IN C.

Principal Place of Business	Mailing Address
323 SE 1 AVE PO BOX 249 HALLANDALE FL 33008 US	323 SE 1 AVE PO BOX 249 HALLANDALE FL 33009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1969**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **23-7087801** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

HIBBITTS, CYNTHIA J.
323 SE 1 AVE
HALLANDALE FL 33009

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 607.0502 and 607.1508, 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PINTO, ERNEST	12 NAME		
STREET ADDRESS	721 NE 10TH ST.	13 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HOISINGER, MILDRED	22 NAME		
STREET ADDRESS	700 SW 5TH AVE.	23 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	24 CITY ST ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	OWEN, CAROL R.	32 NAME		
STREET ADDRESS	1000 E. BEACH BLVD.	33 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	HIBBITTS, CYNTHIA J.	42 NAME		
STREET ADDRESS	323 SE 1 AVE	43 STREET ADDRESS		
CITY ST ZIP	HALLANDALE FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE	V/D	☒ Change ☐ Addition
NAME	MARACIC, JEANNETTE D.	52 NAME	Kilpatrick, Virginia	
STREET ADDRESS	132 SW 7TH AVE.	53 STREET ADDRESS	311 NW 7th Ct	
CITY ST ZIP	HALLANDALE FL	54 CITY ST ZIP	Hallandale, FL 33009	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	GREAVER, ROBERT H.	62 NAME		
STREET ADDRESS	20921 NE 24TH CT.	63 STREET ADDRESS		
CITY ST ZIP	N. MIAMI BCH FL	64 CITY ST ZIP		

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)(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: Cynthia J Hibbitts **4/26/95** 305-454-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037206