

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 33008
US

3. Date Incorporated or Qualified

09/16/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

PINTO, ERNEST

STREET ADDRESS

721 NE 10TH ST.

CITY - ST - ZIP

HALLANDALE FL

TITLE

VD

NAME

HOISINGER, MILDRED

STREET ADDRESS

700 SW 5TH AVE.

CITY - ST - ZIP

HALLANDALE FL

TITLE

P

NAME

OWEN, CAROL R.

STREET ADDRESS

1000 E. BEACH BLVD.

CITY - ST - ZIP

HALLANDALE FL

TITLE

S

NAME

HIBBITTS, CYNTHIA J.

STREET ADDRESS

323 SE 1 AVE

CITY - ST - ZIP

HALLANDALE FL

TITLE

VD

NAME

KILPATRICK, VIRGINIA

STREET ADDRESS

311 NW 7TH COURT

CITY - ST - ZIP

HALLANDALE FL

TITLE

VD

NAME

GREAVIER, ROBERT H.

STREET ADDRESS

20921 NE 24TH CT.

CITY - ST - ZIP

N. MIAMI BCH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Cynthia J. Hibbitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)