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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US323 SE 1 AVE
PO BOX 249
HALLANDALE FL 33008-0249
US3. Date Incorporated or Qualified
09/16/19693a. Date of Last Report
04/29/1996

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

4. FEI Number
23-7087801Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME HOISINGER, MILDRED
STREET ADDRESS 700 SW 5TH AVE.
CITY - ST - ZIP HALLANDALE FL

DELETE

TITLE P
NAME OWEN, CAROL R.
STREET ADDRESS 1000 E. BEACH BLVD.
CITY - ST - ZIP HALLANDALE FL

DELETE

TITLE S
NAME HIBBITTS, CYNTHIA J.
STREET ADDRESS 323 SE 1 AVE
CITY - ST - ZIP HALLANDALE FL

DELETE

TITLE VD
NAME KILPATRICK, VIRGINIA
STREET ADDRESS 311 NW 7TH COURT
CITY - ST - ZIP HALLANDALE FL

DELETE

TITLE VD
NAME GREAVES, ROBERT H.
STREET ADDRESS 20921 NE 24TH CT.
CITY - ST - ZIP N. MIAMI BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

1.1 TITLE VD
1.2 NAME Mildred Hoisington
1.3 STREET ADDRESS 123 Marine Circle
1.4 CITY - ST - ZIP Pembroke Park, FL 33009

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do 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 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

Date

Daytime Phone # 0022486

CR2E037 (9/96)