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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 33009~~ US	~~323 SE 1 AVE~~ 1117 E,Hallandale PO BOX 249 Bch.Blvd. HALLANDALE FL 33008 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1117 E.Hallandale Bch. Blvd	26 PO Box 249	09/16/1969
22 Suite, Apt. #, etc. Suite 5	27 Suite, Apt. #, etc.	4. FEI Number 23-7067801 ☐ Applied For ☐ Not Applicable
23 City & State Hallandale, Fl.	28 City & State Hallandale Bch. Blvd.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 33009 25 Country USA	29 Zip 33008 30 Country USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: Cynthia J. Hibbitts 82 Street Address (P.O. Box Number is Not Acceptable): 1117 E. Hallandale Bch. Blvd. 83 84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Cynthia J. Hibbitts 3/3/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILDRED HOISINGTON 123 MARINE CIR PEMBROKE PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P -D OWEN, CAROL R. 1000 E. BEACH BLVD. HALLANDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S -D HIBBITTS, CYNTHIA J. ~~323 SE 1 AVE~~ HALLANDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Hibbitts, Cynthia J. 1117 E.Hallandale Bch. Blvd. Hallandale, Fl. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KILPATRICK, VIRGINIA 311 NW 7TH COURT HALLANDALE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREAVER, ROBERT H. 20921 NE 24TH CT. N. MIAMI BCH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Cynthia J. Hibbitts **REQUIRED** 3/3/99 954-454-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)