

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 731769

(6)

1. Corporation Name

CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC



Principal Place of Business

251 174TH STREET
#1704
SUNNY ISLES FL 33160

Mailing Address

251 174TH STREET
#1704
SUNNY ISLES FL 33160

3. Date Incorporated or Qualified
01/31/1975

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. 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

SAMSON, DAVID
251 174TH STREET
#1704
SUNNY ISLES FL 33160

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 SD
NAME WITT, BERNICE
STREET ADDRESS 3601 NE 170 ST
CITY- ST- ZIP NORTH MIAMI BCH FL ☒ DELETE

11 TITLE V.P.
12 NAME RUBIN STEINER
13 STREET ADDRESS 20301 N. COUNTRY CLUB DR
14 CITY- ST- ZIP AVENTURA, FL - 33180 ☐ Change ☒ Addition

TITLE P
NAME SAMSON, DAVE
STREET ADDRESS 251-174 STREET
CITY- ST- ZIP N. MIAMI BEACH FL ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD
NAME SCHECTMAN, IRVING
STREET ADDRESS 250-174 ST
CITY- ST- ZIP N. MIAMI BEACH FL ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE FSD
NAME BALSAM, MICKEY
STREET ADDRESS 19370 COLLINS AVE
CITY- ST- ZIP NORTH MIAMI BCH FL ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VD
NAME MANNING, MARVIN
STREET ADDRESS 17560 ATLANTIC BLVD
CITY- ST- ZIP SUNNY ISLES FL ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TP
NAME AZZATIO, ANTHONY
STREET ADDRESS 200-177TH DRIVE
CITY- ST- ZIP SUNNY ISLE FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)