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 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731816 (5)

1. Corporation Name

HAITIAN AMERICAN COMMUNITY ASSOCIATION OF DADE C
OUNTY (HACAD), INC.

Principal Place of Business	Mailing Address
8037 N.E. 2ND AVE. MIAMI FLORIDA 33138	8037 N.E. 2ND AVE. MIAMI FLORIDA 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1975	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1689002	Applied For / Not Applicable

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

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

9. Name and Address of Current Registered Agent

LACROIX, LOUIS H
8037 NE 2ND AVE
MIAMI FL 33138

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Louis H. Lacroix/Executive Director — Louis H. Lacroix 4-27-95

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ALCINDOR, PIERRE M
STREET ADDRESS	6400 BISCAYNE BLVD, 2ND FLOOR
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	METELLUS, GERARD
STREET ADDRESS	74 NW 108 STR
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	ST. PREUX, LUDNEL
STREET ADDRESS	1820 NE 142 STR #5M
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	LIMAGE, JEAN-HAROLD
STREET ADDRESS	150 NW 79 STR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] 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 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: Pierre M. Alcindor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/27/95 Date — Daytime Phone #

0041860

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APPROVED

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 733330 (5)

1. Corporation Name

HEVRA KADDISHA OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
~~% RICHARD I. BERNARD~~ ~~3033 HALEY LN~~ ~~JACKSONVILLE FL 32257~~	~~% RICHARD I. BERNARD~~ ~~3033 HALEY LN~~ ~~JACKSONVILLE FL 32257~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1975	3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1636395	☐ 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 % Robert Bossen	26 Same
Suite, Apt. #, etc.: 22 8215 Sutton Place, N.	Suite, Apt. #, etc.: 27
City & State: 23 Jacksonville, Fl.	City & State: 28
Zip: 24 32217 / Country: 25 Duval	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BERNARD, RICHARD I.~~ ~~3033 HALEY LN~~ ~~JACKSONVILLE FL 32257~~	81 Name: Robert Bossen 82 Street Address (P.O. Box Number is Not Acceptable): 8215 Sutton Place, N. 83 84 City: Jacksonville FL 85 Zip Code: 32217

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Robert Bossen, Robert Bossen, V.P.,T., D 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	SANDLER, NATHAN	1 NAME	
STREET ADDRESS	2246 SEGOVIA AVE	1 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1 CITY-ST-ZIP	
TITLE	DV	2 TITLE	☐ Change ☐ Addition
NAME	GRANN, IRA	2 NAME	
STREET ADDRESS	12446 MESA VERDE TRAIL	2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 CITY-ST-ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	BENWICK, LAURIE	3 NAME	
STREET ADDRESS	9252 SAN JOSE BLVD #1104	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3 CITY-ST-ZIP	
TITLE	~~S~~	4 TITLE	Director ☑ Change ☐ Addition
NAME	~~MAICHEN, DEINYA~~	4 NAME	Harry Bedman
STREET ADDRESS	~~7833 SCOTLAND RD~~	4 STREET ADDRESS	2977 Stagshide cir
CITY-ST-ZIP	~~JACKSONVILLE FL~~	4 CITY-ST-ZIP	Jacksonville, Fl. 32257
TITLE	~~DT~~	5 TITLE	Vice President-Treas.-Director ☑ Change ☐ Addition
NAME	~~BERNARD, RICHARD I.~~	5 NAME	Robert Bossen
STREET ADDRESS	~~3033 HALEY LN.~~	5 STREET ADDRESS	8215 Sutton Place, N.
CITY-ST-ZIP	~~JACKSONVILLE FL~~	5 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: Nathan C. Sandler 5/15/95 904 733-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nathan C. Sandler

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 ... 15
... FLORIDA

DOCUMENT # **734050** (8)

1. Corporation Name

CANTONMENT FOOTBALL CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 122 CANTONMENT FL 32533	POST OFFICE BOX 122 CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1975	3a. Date of Last Report: 05/19/1994
4. FEI Number: 51-0201946	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
22	27	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
23	28	
Zip 24 / Country 25	Zip 29 / Country 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
GODWIN, RICKY 1780 JACKS BRANCH ROAD CANTONMENT FL 32533	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Same 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Karen Carper Treasurer 5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GODWIN, RICKY	1.2 NAME	
STREET ADDRESS	1780 JACKS BRANCH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Vice-President ☑ Change ☐ Addition
NAME	REAVES, KENNIS	2.2 NAME	Myrick, Alvin
STREET ADDRESS	8103 N PALAFOX ST	2.3 STREET ADDRESS	4199 Suncrest Ln.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Molino, FL
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, SHEILA	3.2 NAME	
STREET ADDRESS	4450 CRABTREE CHURCH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CARPER, KAREN	4.2 NAME	
STREET ADDRESS	10430 HWY 97-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Karen Carper Karen Carper 5-15-95 (904) 327-4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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