

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **740506** (1)

1. Corporation Name

THE COMMUNITY CLUB OF MIAMI, INC.



Principal Place of Business

Mailing Address

**1880 NW 69TH TERRACE
MIAMI FL 33147**

**1880 NW 69TH TERRACE
MIAMI FL 33147**

3. Date Incorporated or Qualified
08/24/1977

3a. Date of Last Report
03/03/1995

2. Principal Place of Business
21 **1885 NW 70th ST.**

2a. Mailing Address
26 **1885 NW 70th ST.**

4. FEI Number
59-1763295

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 City & State
Miami Florida

28 City & State
Miami

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

24 Zip **33147** 25 Country **DADE**

29 Zip **33147** 30 Country **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FERGUSON, GILFREAD
1880 NW 69 TERRACE
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name **FERGUSON, GILFREAD**
82 Street Address (P.O. Box Number is Not Acceptable)
1885 NW 70 STREET
83
84 City **Miami** FL 85 Zip Code **33147**

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 **Gilfread Ferguson**

02-24-96

Signature, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILFREAD, FERGUSON	
STREET ADDRESS	950 NW 95TH ST., #210	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRELL, ALICE S.	
STREET ADDRESS	1739 NW 10TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLS, NANCY S.	
STREET ADDRESS	746 NW 3RD TERRACE	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAHMING, KELVESE E.	
STREET ADDRESS	1880 N.W. 69TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRES. NEW
2.3 STREET ADDRESS	LOLITA V. EVANS
2.4 CITY-ST-ZIP	826 N.W. 76 STREET
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY (TEMP)
3.3 STREET ADDRESS	WILLIE MAE M. JOHNSON
3.4 CITY-ST-ZIP	860 NW 74 STREET
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-96

305

693-2921

Date

Daytime Phone

CR2E037 (12/95)

13-22-1994