

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90001 034 ****70.00

DOCUMENT # 740506

1. Corporation Name

THE COMMUNITY CLUB OF MIAMI, INC.

Principal Place of Business

Mailing Address

1885 NW 70TH ST.
MIAMI FL 33147

1885 NW 70TH ST.
MIAMI FL 33147

608541-90001-34



2. Principal Place of Business

2a. Mailing Address

21 950 NW 95 STREET

26 950 NW 95 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 210

27 210

City & State

City & State

23 MIAMI Florida

28 MIAMI Florida

Zip

Country

Zip

Country

24 33150

25 Dade

29 33150

30 Dade

3. Date Incorporated or Qualified

08/24/1977

4. FEI Number

59-1763295

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGUSON, GILFREAD
1885 NW 70 STREET
MIAMI FL FL 33147

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 PT ☐ DELETE

NAME FERGUSON, GILFREAD

STREET ADDRESS 950 NW 95TH STREET, #210

CITY-ST-ZIP MIAMI FL

TITLE VPT ☐ DELETE

NAME EVANS, LOLITA V

STREET ADDRESS 826 NW 76TH STREET

CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME JOHNSON, WILLIEMAE

STREET ADDRESS 860 NW 74TH STREET

CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME RAHMING, KELVESE E

STREET ADDRESS 1885 NW 70TH STREET

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

GILFREAD, FERGUSON PT

08-18-99 305-693-2921

Date

Daytime Phone #

0004154

CR2E037 (5/99)