## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU	MENT # 742051	(6)							
THE THREE SCORE AND TEN CLUB									
Principal Place of Business Mailing Address							IFOF BEDIE DIGIE	Bigii Digii	8/8/F 018/F 18/F
FIRST UNITED MET. CHURCH OF MIAMI 400 BISCAYNE BLCD MIAMI FL 33132		PO BOX 1111534 BISCAYNE ONE STATION MIAMI FL 33111							
US	ve	US			Ī	3. Date Incorporated or Qualified 03/06/1978		of Last 1 2/13/19	
<ol> <li>Principal Pla</li> <li>21</li> </ol>	ace of Business 2a. Mailing Address 26					4. FEI Number 59-0481762		<b>→</b>	Applied For Not Applicable
Suite, Apt. a	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State	2	City & State				6. Election Campaign Financing		\$5.00	0 May Be
<b>23</b> Zip	Country	Zip	Coun	try		Trust Fund Contribution  8. This corporation has liability for i			1 to Fees 199.032,
24	9. Name and Address of Current	29 Registered Agent	30			Florida Statutes [ 10. Name and Address of New R		No oent	
				11 Name				your	
GOERLACH, CELESTE			8	12 Street	SCirla: Address	RUTH s (P.O. Box Number is Not Acceptable	le)		
243 N.E. 4TH ST.						Uccan Dr. aut			
MIAMI FL 33132			*	1.	iar	i Beach			
			8	4 City	ori.	_	FL	<b>85</b> Zip	Code
or register	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida	<ul> <li>Such change was authorize</li> </ul>	s, the above	e-named co	prporation	on submits this statement for the pur	pose of char	ging its re	egistered office
familiar wit	th, and accept the obligations of Section	617.0503, Florida Statutes	,	, , , , , , , , , , , , , , , , , , , ,		- , ,		•	
SIGNATURE	Signature, typed or printed name of registered agent an	STV d tite if applicable (NOT	E: Registered A	gent signature re	eaured wh	en reinstaling)	LA,	195%	2
12.	OFFICERS AND		13.	<u> </u>		ADDITIONS/CHANGES TO OFF			
TITLE	PD DOMEDION NUPERT	☐DELETE 11		TITLE V,		<i>'</i> υ	Þ	Change	Addition
NAME	Domedion, Albert 945 Meridian Ave., Apt 9		1.2 NAM	1.2 NAME					
STREET ADDRESS	MIAMI CI			EFT ADDRESS					
CITY-ST-ZIP TITLE	TD	169		- \$T- ZIP				1 Change	Addition
NAME	SCHERR, RUTH					☐ Change			L Addition
STREET ADDRESS	ACK OCEAN DO ADT 700			2 3 STREET ADDRESS					
CITY-ST-ZiP	MIANII DOU EI			2 4 CITY - ST - ZIP				,	,
TITLE	D DELETE 31			31 TITLE P		)	77	Change	Addition
NAME			3 2 NAM			INO, ANATULIA	•		``
STREET ADDRESS	240 GALEN DR., #304		3 3 STRI		153		r.		
C:TY-ST-ZIP	KEY BISCAYNE FL					MI, FL			
TITLE	CD Levak, Stephen	DELETE	4.1 TITL				L	] Change	Addition
NAME	12590 NE 16TH AVE., #403		4. 2 NA						
STREET ADDRESS	N. MIAMI FL		1	EET ADDRESS					
CITY-ST-ZIP TITLE	SD	DELETE	4.4 C(1)	-ST-ZIP				] Change	Addition
NAME	GOERLACH, CELEST	7	52 NAM				_	,	
STREET ADDRESS	1459 NW S. RIVER DRIVE			EET ADDRESS					
CITY-ST-ZIP	MIAMI FL			IY-ST-ZIP				,	
TITLE	D	DELETE	6 1 TITL		S	S/D	<b>X</b>	Change	Addition
NAME	BELGAU, GILDA		6 2 NAM	1E		•	•		
STREET ADDRESS	2134 CARLYLE AVE.		63STR	EET ADDRESS					
CITY-ST-ZIP	MIAMI BCH FL	A. M. J. Ph. L. J.		-ST-ZIP	116	And the second s	0.7/0)// 50 1	de O	16 -11
certify that	ly certify that the information supplied will the information indicated on this annual	n mis illing is voluntarily furni: report or supplemental annu	al report is	bes not qua true and ac	any for t corate a	rie exemption stated in Section 119. and that my signature shall have the	ur (3)(K), Flori same legal e	ua Statute ffect as if	es. i turtner 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.

Jan 22,1996 Destrice Phone #