## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

742051

(6)

## THE THREE SCORE AND TEN CLUB

**FILED** Mar 05 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			- I IADUU (BA)/ DIB/D (BB/U PA/D) DI/IB/	/III 01411 01411 6144 61011 11611 11611 1161
FIRST DUITED MET. CHURCH OF MIAMI		PO BOX 1111534 C		Mami D	ade	
400 BISCRYNE Miami Fl 3313		BISCAYNE ONE STATION MIAMI FL 2011		<i>l</i> olison	Campus	
US	~	US	3	00 NE 2nd Av	3. Date Incorporated or Qualified 03/06/1978	3a. Date of Last Report 01/31/1996
	lace of Business	2a. Mailing Address M1.8		.33132	4. FEI Number	Applied For
See above (same) 26 See above			ve (	(same)	59-0481762	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip					Trust Fund Contribution	Added to Fees
24	25	<b>├</b> ¬	Country		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent		
81 Name						
SCHERR, RUTH				82 Street Address (P.O. Box Number is Not Acceptable)		
465 OCEAN DR.			02	or acceptable)		
APT. 706			63			
MIAMI E	BEACH FL 33132		84	City	i i	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	s, the above	e-named corpo	ration submits this statement for the pu	rnose 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	X Kirkh Sons	rs				2/27/97
	RUTH OSCHERR Spister Pre	AND TO POLICE (NOTE:		eriuper erutangia In		DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	DOMEDION, ALBERT		1.1 TITLE		CD Demodian Albert	Change
STREET ADDRESS	OUR MEDIDIAN AVE. ADT O		1.2 NAME	1.2 NAME Domedion, Albert 1.3 STREET ADDRESS 945 Meridian Ave. Apt. 9		
CITY-ST-7IP	LOLAND PL		1.4 CITY-S	ا من المناسب ا		
TITLE	TD	☐ DELETE	2.1 TITLE	(-7)	THEME DOLLOW, 120	☐ Change ☐ Addition
NAME	SCHERR, RUTH		2.2 NAME			• -
STREET ADDRESS	465 OCEAN DR., APT 706		2.3 STREET	address		
CITY-ST-ZIP			2.4 CITY - 9			
TITLE	PD	☐ DELETE	3.1 TITLE	1		Change Addition
NAME	PATINO, ANATOLIA		3.2 NAME		Patino, Anatolia 1530 N.E. 191 st.	
STREET ADDRESS	1530 N.E. 191ST ST.		3.3 STREET		Miami Fl.	<b>,</b>
CITY-ST-ZIP TITLE	MIAMI FL CD	DELETE	3.4. CITY - S 4.1 TITLE	I-ZIP	``	Change Addition
NAME	LEVAK, STEPHEN		4.1 TELLE 4. 2 NAME	'	D <sub>Levak</sub> , Stephen 12590 NE Ave. #4	
STREET ADDRESS	12590 NE 16TH AVE., #403		4.2 NAME	ADDRESS	N.Miami, Fi.	رن
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY - S		TA 9 1,197 CPRINTS 8 T. W. 9	
TITLE	SD	DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	Belgau, Gilda		5.2 NAME		• •	
STREET ADORESS	2134 CARLYLE AVE.		5.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		5.4 CITY - S			
TITLE		LI DELETE	6.1 TITLE		PD	Change Addition
NAME			6.2 NAME		Mattes, Charles	
STREET ADDRESS			6.3 STREET		12655 NE 16 Ave.	Apt. 17
CITY-ST-7IP 14. I do hereb	by certify that the information supplied	with this filing does not qualify	6.4 CITY-S	motion stated	Miami Fl	I further certify that the
14. I do 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, or on an attachment with an address.						
SIGNATURE: X Ruth School RUTH BOHERR, Treasurer 2/27/97673-4983 *						