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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748658** (2)

1. Corporation Name
SOUTH FLORIDA STRIDERS, INC.

Principal Place of Business POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US	Mailing Address POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US
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3. Date Incorporated or Qualified

08/27/1979

4. FEI Number

59-2512012

Applied For

Not Applicable

2. Principal Place of Business 21 POST OFFICE BOX 822233 Suite, Apt. #, etc. 22 City & State 23 SOUTH FLORIDA, FL Zip 24 33082-2233	2a. Mailing Address 26 POST OFFICE BOX 822233 Suite, Apt. #, etc. 27 City & State 28 SOUTH FLORIDA, FL Zip 29 33082-2233
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WHITAKER, CECIL
3311 CLEVELAND ST
HOLLYWOOD FL 33021**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, JUDY	
STREET ADDRESS	2101 S OCEAN DRIVE #1906	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOZORETZ, BOB	
STREET ADDRESS	16790 BLATT PL UNIT 2	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TALBOTT, LINDA	
STREET ADDRESS	1530 HAMMOND DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUIJARRO, RAFAEL	
STREET ADDRESS	1580 HAMMOND DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KENO, BRIAN	
STREET ADDRESS	3021 NE 16TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAMOS, ROBIN	
STREET ADDRESS	3100 PEACHTREE CIRCLE	
CITY-ST-ZIP	DAVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE →	DOZORETZ, JENETTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	16790 BLATT PL, UNIT 2	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUBIN, NEIL	
3.3 STREET ADDRESS	4161 NW 66TH AVENUE	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	15426 NW 14TH COURT	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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 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:

Robert E. Whitaker (P. H. REASWELL)

4/24/98

(954) 527-2470

CR2E037 (1097)

ADDITIONAL OFFICERS

① DIRECTOR

GATES, GARY
2841 NE 8TH ST
POMPANO BEACH, FL 33062

② DIRECTOR

ASHER, MARY
7150 NW 48TH COURT
LAUDERHILL, FL 33319

③ DIRECTOR

MILLER, ALAN
9004 SW 51ST PLACE
COOPER CITY, FL 33328

④ DIRECTOR

DOIG, SUSAN
1725 NE 7TH ST
FT LAUDERDALE, FL 33301