

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90023 045 ****70.00

DOCUMENT # 748787

1. Corporation Name

SOUTHWEST YOUTH ACTIVITIES ASSOCIATION, INC.

Principal Place of Business

4542 SW 127TH CT
MIAMI, FL 33175
US

Mailing Address

PO BOX 651936
MIAMI, FL 33265
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

09/04/1979

4. FEI Number

59-1948977

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

BREWER, BERNIE
4542 SW 127TH CT
MIAMI FL 33175

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 **Bernie Brewer, Treasurer**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HILL, BOB**
STREET ADDRESS **12761 SW 20 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE

NAME **FERNANDEZ, ALEX**
STREET ADDRESS **8431 S.W. 29TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☐ DELETE

NAME **BREWER, BERNIE**
STREET ADDRESS **4542 S W 127 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **NEVERS, WILLIAM**
STREET ADDRESS **2810 SW 123 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☒ DELETE

NAME **ALFONSO, LARRY**
STREET ADDRESS **13129 S W 26 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ DELETE

NAME **ALMAGUER, FRANCISCO**
STREET ADDRESS **13215 SW 35TH TERR**
CITY-ST-ZIP **MIAMI FL 33175**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D
Giner, Anibel
4531 SW 133 Ave
Miami, FL 33175

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

D
Hatcher, Chuck
5420 SW 111 Ave
Miami, FL 33165

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
Castro, Anibal
3226 SW 99 Pl
Miami, FL 33165

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 12.073(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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 305-226-8458

0035598

CR2E037 (11/98)