

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # 758147

1. Corporation Name

Miami Palmetto Debate Boosters, Inc

Principal Place of Business

Mailing Address

Miami Palmetto Sr. High School
7460 SW 118th St.
Miami, FL 33156

3. Date Incorporated or Qualified
12-10-81

3a. Date of Last Report
2-13-95

2. Principal Place of Business

2a. Mailing Address

21 Miami Palmetto Sr. High
 Suite, Apt. #, etc.

26 7460 SW 118th St.,
 Suite, Apt. #, etc.

4. FEI Number
65-0659108

Applied For
 Not Applicable

22 7460 SW 118th St.

27

5. Certificate of Status Desired ☒ **XX**

\$8.75 Additional Fee Required

City & State

City & State

23 Miami, FL 33156

28 Miami, FL 33156

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 33156

25

29 33156

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Glenda Matt
c/o Milledge Iden & Held
2100 Ponce De Leon Blvd., #600
Miami, FL 33156

81 Name Renae Midence

82 Street Address (P.O. Box Number is Not Acceptable) Palmetto Middle School

83 7351 SW 128th St.

84 City Miami,

FL 85 Zip Code 33156

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when running)

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** ☒ DELETE
 NAME **Eric Jacobs**
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE **President/D** ☒ Change ☐ Addition
 1.2 NAME **Renae Midence**
 1.3 STREET ADDRESS **11040 SW 69th Ave. Rd.**
 1.4 CITY-ST-ZIP **Miami, FL 33156** ☐ Change ☐ Addition

TITLE **Vice President/D** ☐ DELETE
 NAME **Glenda Matt**
 STREET ADDRESS **7380 SW 130 St.**
 CITY-ST-ZIP **Miami, FL 33156**

2.1 TITLE **Secretary/D** ☒ Change ☐ Addition
 2.2 NAME **Vicki Kane**
 2.3 STREET ADDRESS **12340 Tropical Way**
 2.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE **Secretary** ☒ DELETE
 NAME **Sandra Spooner**
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE **Treasurer/D** ☐ Change ☐ Addition
 3.2 NAME **SuAnn Mondschein**
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE **Treasurer/D** ☐ DELETE
 NAME **SuAnn Mondschein**
 STREET ADDRESS
 CITY-ST-ZIP **Miami, FL 33156**

4.1 TITLE **CO-President/D** ☒ Change ☐ Addition
 4.2 NAME **Nanci Sturgess**
 4.3 STREET ADDRESS **5941 SW 105th St.**
 4.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE **Secretary** ☐ DELETE
 NAME **Sandra Spooner**
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE **CO-President/D** ☒ Change ☐ Addition
 5.2 NAME **Nanci Sturgess**
 5.3 STREET ADDRESS **5941 SW 105th St.**
 5.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE **Secretary** ☐ DELETE
 NAME **Sandra Spooner**
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE **CO-President/D** ☒ Change ☐ Addition
 6.2 NAME **Nanci Sturgess**
 6.3 STREET ADDRESS **5941 SW 105th St.**
 6.4 CITY-ST-ZIP **Miami, FL 33156**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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.

SIGNATURE:

Renae Midence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/96** 305-238-3911
 Daytime Phone

CR2E037 (12/95)