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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 762509 (8)
Corporation Name
THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, I NC.



Principal Place of Business Mailing Address
P.O. BOX 53152 MIAMI SHORES FL 33153

3. Date Incorporated or Qualified
03/19/1982

4. FEI Number 59-2210193 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

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
AGOSTA, MARY ROSS
200 GRAND CONCOURSE
MIAMI SHORES FL 33138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, DONNA	1.2 NAME	
STREET ADDRESS	10626 N.E. 10TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYKE, ROBIN	2.2 NAME	
STREET ADDRESS	9343 N.E. 9TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGMAN, THOMAS	3.2 NAME	Treasurer
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 205	3.3 STREET ADDRESS	Michael Born
CITY-ST-ZIP	MIAMI FL 33161	3.4 CITY-ST-ZIP	502 N.E. 106 St
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Miami Shores, FL 33138
NAME	RAFFA, JEANNE	4.2 NAME	
STREET ADDRESS	1515 N.E. 105TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Donna Baxter Donna Baxter 1/7/98 (305) 893-3628

CR2E037 (10/97)