
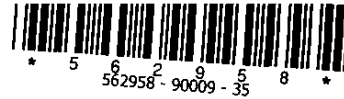


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90095 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 762509 1. Corporation Name THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, INC.		
Principal Place of Business P.O. BOX 53152 MIAMI SHORES FL 33153	Mailing Address P.O. BOX 53152 MIAMI SHORES FL 33153	



2. Principal Place of Business 21 9617 PARK DRIVE	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/19/1982
22 City & State 23 MIAMI SHORES, FL	27 City & State	4. FEI Number 59-2210193
24 33138	29 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent AGOSTA, MARY ROSS 200 GRAND CONCOURSE MIAMI SHORES FL 33138		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

81 Name Steven J. Johnson
82 Street Address (P.O. Box Number is Not Acceptable) 9165 Park Drive
83
84 City Miami Shores FL 85 Zip Code 33138

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 Steven J. Johnson DATE **4/30/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME BAXTER, DONNA	1.1 TITLE VCD	1.1 NAME Rebekkah H. Leonard
STREET ADDRESS 10826 N.E. 10TH COURT	CITY-ST-ZIP MIAMI SHORES FL 33138	1.2 NAME	1.2 STREET ADDRESS 9300 NE 4 Avenue
		1.3 STREET ADDRESS	1.3 CITY-ST-ZIP Miami Shores FL 33138
TITLE VCD	NAME PYKE, ROBIN	2.1 TITLE C/D	2.1 NAME Robin Pyke
STREET ADDRESS 9343 N.E. 9TH PLACE	CITY-ST-ZIP MIAMI SHORES FL 33138	2.2 NAME	2.2 STREET ADDRESS 9343 NE 9th Place
		2.3 STREET ADDRESS	2.3 CITY-ST-ZIP Miami Shores, FL 33138
TITLE T	NAME DORN, MICHAEL	3.1 TITLE T/D	3.1 NAME Steven J. Johnson
STREET ADDRESS 502 N.E. 108 ST	CITY-ST-ZIP MIAMI SHORES FL 33138	3.2 NAME	3.2 STREET ADDRESS 145 NE 95 St.
		3.3 STREET ADDRESS	3.3 CITY-ST-ZIP Miami Shores FL 33138
TITLE SD	NAME RAFFA, JEANNE	4.1 TITLE S/D	4.1 NAME Herta Holly
STREET ADDRESS 1515 N.E. 105TH STREET	CITY-ST-ZIP MIAMI SHORES FL 33138	4.2 NAME	4.2 STREET ADDRESS 9660 NE 5th Avenue Road
		4.3 STREET ADDRESS	4.3 CITY-ST-ZIP Miami Shores FL 33138
TITLE	NAME	5.1 TITLE D	5.1 NAME Mark S. Ulmer
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 STREET ADDRESS 800 NE 98 St.
		5.3 STREET ADDRESS	5.3 CITY-ST-ZIP Miami Shores FL 33138
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 STREET ADDRESS
		6.3 STREET ADDRESS	6.3 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, with all other like empowered.

SIGNATURE: Signature Required DATE **4/30/99** DAYTIME PHONE # **305-751-7059**

CR2E037 (1/198)