2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT							FILED	
DOCUMENT # 762509						T SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Entity Name THE MIAMI SHORES MAYOR'S COMMUNITY TASK							37.1010	
FORCE, INC.							08 DEC 19 AM 8: 10	
Principal Place	Mailing Address							
9617 PARK D MIAMI, FL 33			P.O. BOX 531512 MIAMI SHORES, FL 3	BOX 531512 AI SHORES, FL 33153				
					S TERRY LEGIC BITTE FIRST DAIL BEINE BEINE BEINE BERG GLOST GEBEN BURG BIRGH BIRGHER BE	111		
2. Principal Pla	ace of Busin	ness - No P.O. Box #	3. Mailing Address	ng Address				
Suite, Apt. #	f, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			12092008 Chg-NP CR2E037 (12/06)	
City & State		_	City & State	City & State			4. FEI Number Applied 59-2210193 Not App	
Zip	_	Country Zip C			untry		5. Certificate of Status Desired See Required Fee Required	ıl
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent	
							HAEL C. DORN	
						ddress (1	(P.O. Box Number is Not Acceptable) 2 NE 106 ST	
City M. A. M.						AL SHORES FL Zip Code 3313	8	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
11-0 00								
SIGNATURE Whose C. John MICHAEL C. JORN DT 12/9/2008 Signature. typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature reduired when reinstating) DATE								
9. Election Campaign F Trust Fund Contributi							\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	D	OFFICERS AND DIF	RECTORS Delete				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Addition
TITLE NAME	ACKLEY, SUSAN				E E	ALIC		Addition
l i	/				ET ADDRESS -ST-ZIP		ONE 101 ST. ami shores fl 33138	į
TITLE					E	DT		Addition
NAME	SCASSERRA, MELISSA				E	1 _	HAEL C. DORN	
STREET ADDRESS CITY-ST-ZIP	442 NE 103RD ST MIAMI SHORES, FL 33138				ET ADDRESS -ST-ZIP		AM, SHORES, FL 33138	
	D Delete T					, , , , ,	Change 🔲	Addition
NAME STREET ADDRESS	O'CONNOR, JUDY 595 NE 92 STREET				EET ADDRESS		300139172393 12/19/0801038006 **61.25	
CITY-ST-ZIP	MIAMI SHORES, FL 33138				-ST-ZiP		12/13/00 "01030""000 ***\$1.23	
TITLE	D Delete MCCOY, JAMES		TITL			☐ Change ☐	Addition	
NAME STREET ADDRESS		JAMES 6 STREET		NAM STRE	EET ADDRESS			
CITY-ST-ZIP	MIAMI SH	ORES, FL 33138		CITY	'-ST-2IP			
TITLE NAME	D Delete RAIA, CARMEN		, TITU Nam		S	☐ Change ☐	Addition	
STREET ADDRESS	452 GRAND CONCOURSE			EET ADDRESS				
CITY-ST-ZIP	MIAMI SHORES, FL 33138		_	-ST-ZIP	ļ			
TITLE NAME	D V Delete WILLIAMS, PAM		NAM			☐ Change ☐	Addition	
STREET ADDRESS					EET ADDRESS '-St-ZIP	:		
12. I hereby c	and the state		this Nino does not qualify	(m. 4b.m. m.)		ontained	d in Chapter 119, Florida Statutes, I further certify that the information	ation
12. I hereby certify that the information supplied with this Ning does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 server or irrulee empoyered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an attachment with an attachment with an attachment.								
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date								

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