## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

1996

DOCUMENT # C10347

(8)

	<b>GABLES</b>	WAR	<b>MEMORIAL</b>	YOUTH	<b>CENTER</b>	<b>ASSOCIATI</b>
∩N						

Principal Place of Business Mailing Address % ELIZABETH ANN PARKER % ELIZABETH ANN PARKER 1218 CORAL WAY 1218 CORAL WAY **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3a. Date of Last Report 3. Date Incorporated or Qualified 06/29/1992 03/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0668477 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Ζip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐No 24 30 Florida Statutes 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKER, ELIZABETH ANN Street Address (P.O. Box Number is Not Acceptable) 82 1218 CORAL WAY 10000174522 -03/15/96--01097--029 CORAL GABLES FL 33134 84 City Zip Code \*\*\*61.2S 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE DIRACTOR Change Addition TITLE CARL COLBERT NAME CRISPIN, CHARLES 1.2 NAME 3001 PONCE DE LEON BLVD STREET ADDRESS 4781 S.W. 86 TERRACE 1.3 STREET ADDRESS MIAMI FL 33134 CORAL GABLES, FL 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition . DELETE Change 2.1 TITLE TITLE M. LEWIS HALL, JR. NAME HARDIN, JACOB 2.2 NAME 2907 ALHAMBRA CIRCLE 3629 HARLANO STREET 23 STREET ADDRESS STREET ADDRESS CORAL GABLES. FL 33134 **CORAL GABLES FL 33134** 2 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change X Addition LONNIE HAYES BUSOT, OTTO 3.2 NAME NAME 2815 SEGOVIA AVE 1025 SEVILLA AVENUE 3 3 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 **CORAL GABLES FL 33134** 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change X Addition 41 TITLE TITLE KIRK MENENDEZ **BUTLER, ELIZABETH** 4 2 NAME NAME 346 MALAGA VVE 1041 ANDALUSIA AVENUE 43 STREET ADDRESS STREET ADDRESS CORAL GABLES. FL 33134 **CORAL GABLES FL 33134** 44 CITY-ST-ZIP C(TY-ST-Z)P Addition DELETE ☐ Change TITLE 51 TITLE THOMAS A. DANIEL PARKER, ELIZABETH ANN 52 NAME 3720 GRANADA BLVD 1218 CORAL WAY STREET ADDRESS **5.3 STREET ADDRESS** 

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 cath; 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**CORAL GABLES FL 33134** 

EQUIPMENT CON PERSONAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/15/96 (305)448-395

CORAL GABLES, FL 33134

CR2E037 (12/95)

Addition

Chance