

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000003404

1. Entity Name
MACK L. FINNIE COMMUNITY DEVELOPMENT CENTER
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 AM 11:20

Principal Place of Business
1355 NW 84 TERR
MIAMI, FL 33147

Mailing Address
1355 NW 84 TERR
MIAMI, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182006 REIN-NP CR2E099 (11/05)

4. FEI Number
65-1107825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINNIE, MACK
1355 NW 84 TERR
MIAMI, FL 33147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *Mack L. Finnie* *Mack L. Finnie*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FINNIE, MACK L
STREET ADDRESS 1355 NW 84 TERR
CITY-ST-ZIP MIAMI, FL 33147

TITLE VD ☐ Delete
NAME FINNIE, GENE A
STREET ADDRESS 1053 N.W. 85 STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE D ☐ Delete
NAME FINNIE, ROGERS L
STREET ADDRESS 937 N.W. 58 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE D ☐ Delete
NAME FINNIE, MACK L JR
STREET ADDRESS 1530 NW 11 PLACE
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE D ☐ Delete
NAME FINNIE, KEVIN L
STREET ADDRESS 1355 NW 84TH TERRACE
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400081433374
CITY-ST-ZIP 11/01/06--01041--013 **236.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this 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 address, with all other like empowered.

SIGNATURE: *Mack L. Finnie* *Mack L. Finnie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #