

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90188 001 \*\*\*140.00

**DOCUMENT # N01000005847**

1. Entity Name  
**THE JUANITA MINCEY FOUNDATION, INC.**



Principal Place of Business  
**2527 OPA LOCKA BLVD.  
OPA LOCKA, FL 33054**

Mailing Address  
**PO BOX 541577  
OPA LOCKA, FL 33054**

**66403699**



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**03-0386110**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WASHINGTON, LYNN C  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MINCEY-MILLS, DENISE
STREET ADDRESS	8740 SE 12 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL

TITLE	VPT
NAME	MINCEY, JUANITA
STREET ADDRESS	2527 OPA LOCKA BLVD
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	ST
NAME	MINCEY, CARNELL
STREET ADDRESS	2101 NW 153RD STREET
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	T
NAME	WASHINGTON, LYNN C
STREET ADDRESS	701 BRICKELL AVE #3000
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-04 305-305-0358**

Date

Daytime Phone #