


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90026 015 \*\*\*\*70.00

<b>DOCUMENT # N01000008204</b> 1. Entity Name <b>SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE OF MIAMI, INC.</b>																																																																																																																							
Principal Place of Business <b>796 N.W. 186TH DRIVE MIAMI FL 33169</b>		Mailing Address <b>796 N.W. 186TH DRIVE MIAMI FL 33169</b>																																																																																																																					
2. Principal Place of Business <b>7900 NW 27 Ave</b> Suite, Apt. #, etc. <b># 237</b>		3. Mailing Address <b>P.O. BOX 693810</b> Suite, Apt. #, etc.																																																																																																																					
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>NO-T APPLICABLE</b>																																																																																																																			
Zip <b>33147</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
6. Name and Address of Current Registered Agent  <b>DICKERSON, SANDRA G 796 N.W. 186TH DRIVE MIAMI FL 33169</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																			
<b>Make Check Payable to Florida Department of State</b>																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"> <b>PD DICKERSON, SANDRA G 796 N.W. 186TH DRIVE MIAMI FL 33169</b> </td> <td style="width: 10%; padding: 5px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 10%; padding: 5px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> <b>VD PERSON, BRIAN 1260 NW 203 ST MIAMI FL 33169</b> </td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> <b>SD GARNER, TEDD P.O. BOX 170811-0811 N/A HIALEAH FL 33017</b> </td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> <b>TD BROWNE, WINIFRED P.O. BOX 681912 N/A MIAMI FL 33168</b> </td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td colspan="5" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	<b>PD DICKERSON, SANDRA G 796 N.W. 186TH DRIVE MIAMI FL 33169</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	<b>VD PERSON, BRIAN 1260 NW 203 ST MIAMI FL 33169</b>	<input type="checkbox"/> Delete	TITLE			STREET ADDRESS						CITY-ST-ZIP						TITLE	<b>SD GARNER, TEDD P.O. BOX 170811-0811 N/A HIALEAH FL 33017</b>	<input type="checkbox"/> Delete	TITLE			STREET ADDRESS						CITY-ST-ZIP						TITLE	<b>TD BROWNE, WINIFRED P.O. BOX 681912 N/A MIAMI FL 33168</b>	<input type="checkbox"/> Delete	TITLE			STREET ADDRESS						CITY-ST-ZIP						TITLE						STREET ADDRESS						CITY-ST-ZIP						TITLE						STREET ADDRESS						CITY-ST-ZIP					
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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.																																																																																																																							
<b>SIGNATURE:</b> <u><i>Sandra G Dickerson</i></u> <span style="float: right;">4/1/04 (305) 936 3133</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							