

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008204

FILED
Mar 22, 2006
Secretary of State

Entity Name: SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE OF MIAMI, INC.

Current Principal Place of Business:

7900 NW 27 AVE. #237
MIAMI, FL 33147

New Principal Place of Business:

665 NW 132 ST
MIAMI, FL 33168

Current Mailing Address:

PO BOX 693210
MIAMI, FL 33269

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DICKERSON, SANDRA G
796 N.W. 186TH DRIVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKERSON, SANDRA G
Address: 796 N.W. 186TH DRIVE
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: PERSON, BRIAN
Address: 1260 NW 203 ST
City-St-Zip: MIAMI, FL 33169

Title: SD (X) Delete
Name: GARNER, TEDD
Address: P.O. BOX 170811-0811 N/A
City-St-Zip: HIALEAH, FL 33017

Title: TD () Delete
Name: BROWNE, WINIFRED
Address: P.O. BOX 681912 N/A
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA G. DICKERSON

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date