## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005555

PO BOX 681553

MIAMI, FL 33168

Address:

City-St-Zip:

Entity Name: T-MACK COMMUNITY TECHNOLOGY CENTER, INC.

FILED Apr 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9820 NW 7 AVENUE MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 9820 NW 7 AVENUE MIAMI, FL 33150 FEI Number: 65-1084770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACK, TORRENCE 9820 NW 7 AVENUE MIAMI, FL 33150 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MACK, TORRENCE MACK, TORRENCE Name: Name: PO BOX 681553 Address: 9820 NW 7 AVENUE Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33150 Title: VT ( ) Delete Title: VT (X) Change ( ) Addition Name: MACK, J.D. Name: MACK, J.D. Address: PO BOX 681553 Address: 9820 NW 7 AVENUE City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33150 Title: () Delete Title: (X) Change ( ) Addition WORTHEY, KAREN LORDEUS, DOLINA Name: Name: **50 NE 163 STREET** Address: PO BOX 681553 Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33162 Title: ( ) Delete Title: (X) Change ( ) Addition DANIELS, KETIRE Name: Name: DANIELS, KETLIE PO BOX 681553 9820 NW 7 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33150 Title: ( ) Delete Title: (X) Change ( ) Addition CARTER, ROGER CARTER, ROGER Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

9820 NW 7 AVENUE

MIAMI, FL 33150

SIGNATURE: TORRENCE MACK P 04/06/2004