

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005555

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



Principal Place of Business
**9820 NW 7 AVENUE
MIAMI, FL 33150**

Mailing Address
**9820 NW 7 AVENUE
MIAMI, FL 33150**



04292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1084770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACK, TORRENCE
9820 NW 7 AVENUE
MIAMI, FL 33150**

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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 \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACK, TORRENCE
STREET ADDRESS	9820 NW 7 AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	VT
NAME	MACK, J.D.
STREET ADDRESS	9820 NW 7 AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	ST
NAME	LORDEUS, DOLINA
STREET ADDRESS	50 NE 163 STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	T
NAME	DANIELS, KETLIE
STREET ADDRESS	9820 NW 7 AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	T
NAME	CARTER, ROGER
STREET ADDRESS	9820 NW 7 AVENUE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80127-006 61.25

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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 another like empowered.

SIGNATURE: *Torrence Mack* **Torrence Mack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 **(305) 835-8685**

Date

Daytime Phone #