

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90204 009 \*\*\*\*70.00

<b>DOCUMENT # N02000005766</b>					
<b>1. Entity Name</b> THE MITCHELL LAKE NEIGHBORHOOD ASSOCIATION INC.					
<b>Principal Place of Business</b> 13930 NW 14 AVE. MIAMI, FL 33167			<b>Mailing Address</b> 13930 NW 14 AVE. MIAMI, FL 33167		
<b>2. Principal Place of Business</b> 14101 NW 17 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 14101 NW 17 AVE Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL			
<b>Zip</b> 33167		<b>Country</b> USA			
<b>4. FEI Number</b> 03-0498919		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  MARKS, SHERRILL R 13930 NW 14 AVE. MIAMI, FL 33167			<b>7. Name and Address of New Registered Agent</b>  Name <u>BENJAMIN C. JEFFERSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1441 NW 138 ST</u>  City <u>MIAMI</u> <u>FL</u> Zip Code <u>33167</u>		
<b>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.</b>  SIGNATURE <u>BENJAMIN C. JEFFERSON</u> <u>TD</u> <u>4/26/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MIMS-STRINGER, RONDA <b>STREET ADDRESS</b> 13940 N.W. 14TH AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ACTING PD <b>NAME</b> CREIGHTON, GLORIA <b>STREET ADDRESS</b> 14101 NW 17 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> CREIGHTON, GLORIA W <b>STREET ADDRESS</b> 14101 N.W. 17TH AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MARKS, SHERRILL R <b>STREET ADDRESS</b> 13930 N.W. 14TH AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ACTING SD <b>NAME</b> JEFFERSON, PATRICIA A. <b>STREET ADDRESS</b> 1441 NW 138 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> JEFFERSON, BENJAMIN <b>STREET ADDRESS</b> 1441 N.W. 138TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33167	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 an officer or trustee empowered.</b>					
<b>SIGNATURE:</b> <u>BENJAMIN C. JEFFERSON</u>			<u>4/26/2005</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		