

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90015 017 \*\*\*\*70.00

50007534



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
01-0768679  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SANDRA	
STREET ADDRESS	17600 NW 11TH AVE	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAILEY, WILLIE J	
STREET ADDRESS	8350 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLATER, CLAUDIA	
STREET ADDRESS	1855 NW 87TH ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELLEMY, CATHY	
STREET ADDRESS	8920 NW 16TH AVE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willa Young	
STREET ADDRESS	101 N.W. 90th Street	
CITY-ST-ZIP	Miami, Florida 33150	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tia Harris	
STREET ADDRESS	1508 N.W. 119th Street Apt. 308	
CITY-ST-ZIP	Miami, Florida 33167	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia Slater	
STREET ADDRESS	1855 N.W. 87 th ave.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

*Claudia Slater*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3. 26. 06*