## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N04810

(0)

JOHN F. WALSH CENTER, INC.

Principal Place of Business Mailing Address							Fr. 8-6 8-6 6-9 6-9-		
295 N.W. 1997 MIAMI FL 3311	•	295 N.W. 1 Miami Fl. :							
						3. Date Incorporated or Qualified 08/22/1984	3a. Date of Las 01/27/1		
2. Principal Pla	ce of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21	<u> </u>	26				59-2157549		Not Applicable	
Suite, Apt. #	r, etc.	27				5. Certificate of Status Desired Fee Required			
City & State		City & S 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zip Country		Zip			'	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		<u> </u>	Florida Statutes See No.					
9. Name and Address of Current Registered Agent						81 Name			
MA POZI IA	M MANEO T			Ľ					
	M, JAMES T . 199TH ST.				Street Ad	idress (P.O. Box Number is Not Acceptable	i)		
MIAMI FL				83				•	
				84	City		85 2	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					nt signature redu	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	IORS IN 12	
12.	D	RS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OTT	Change		
	EDWARDS, ROBERT D	L	Jutterit	1.2 NAME				<b>_</b>	
NAME STREET ADDRESS	1040 N.W. 70TH WAY				T ADDRESS				
	PLANTATION FL			14 CITY-					
CITY-ST-ZIP Title	D		TOELETE	21 TITLE	31-21		Change	Addition	
NAME	TYLER, DEWEY	_	<b>-</b>	2.2 NAME					
STHEET ADDRESS	295 N.W. 199TH STREE	Т			1 ADDRESS				
CITY - ST - ZIP	MIAMI FL	•		2 4 CITY					
TITLE	B.		DELETE	3 1 TITLE	51 211		Change	e 🔲 Addition	
NAME I	BURNS, ROY		7	3 2 NAME					
STREET ADDRESS	1580 N.E. 12TH STREET	[			T ADDRESS			!	
C(TY-ST-Z(P	MAMI FL			3.4. CITY-	ST-ZIP				
TITLE	P		DELETE	4.1 TITLE			☐ Change	e 🔲 Addition	
NAME	MARKHAM, JAMES T.			4 2 NAM	: [				
STREET ADDRESS	295 N.W. 199TH STREE	T		43 STREE	T ADDRESS			;	
CITY-ST-ZIP	MIAMI FL 33169			4.4 CITY-	ST-ZIP				
TITLE	D		DELETE	5.1 TITLE			Change	e 🔲 Addition	
NAME	HODGES, LARRY			5.2 NAME					
STHEET ADDRESS	285 N.W. 199TH STREE	T		5.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL			5.4 CITY -	ST - ZIP				
TITLE	SPECIAL MARKS	[	DELETE	6.1 TITLE			Change	e 🔲 Addition	
NAME	ARTHUR MILLER	07050		6.2 NAME	į				
STREET ADORESS	295 N.W. 199th			6.3 STREE	T ADDRESS				
City-SI-ZiP	MIAMI, FLORIDA	33169		64 City	ST-ZIP				
44 Lala bayah	us and it shot the information out	solind with this filing in a	ok intoriki furnichi			V for the exemption stated in Section 119:	37/31/k) Florida Sta	tutes I further	

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(8), Florida Statutes, Furnier certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

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Daytime Phone #

CR2E037 (12/95)