

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90238 016 ****61.25

DOCUMENT # N04810

1. Corporation Name

JOHN F. WALSH CENTER, INC.

Principal Place of Business

295 N.W. 199TH ST.
MIAMI FL 33169

Mailing Address

295 N.W. 199TH ST.
MIAMI FL 33169



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2157549

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKHAM, JAMES T
295 N.W. 199TH ST.
MIAMI FL 33169

81 Name

HODGES, LARRY

82 Street Address (P.O. Box Number is Not Acceptable)

285 NW 199th Street

83

84 City

Miami

FL

85 Zip Code
33169

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

Larry W. Hodges

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D EDWARDS, ROBERT D.**
STREET ADDRESS **1040 N.W. 70TH WAY**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D TYLER, DEWEY**
STREET ADDRESS **295 N.W. 199TH STREET**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD MARKHAM, JAMES T.**
STREET ADDRESS **295 N.W. 199TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD HODGES, LARRY**
STREET ADDRESS **285 N.W. 199TH STREET**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D EDWARDS, MICHAEL J**
STREET ADDRESS **5585 DONNELLY CIR**
CITY-ST-ZIP **ORLANDO FL 32821**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D GORNOWICZ, DAVID**
6.3 STREET ADDRESS **285 NW 199th St.**
6.4 CITY-ST-ZIP **Miami, FL 33169**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry W. Hodges
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

305-652-8141

Date

Daytime Phone #

CR2E037 (11/98)