

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$265)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 19 AM 10:52

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N11046 (2)

1. Corporation Name
THE EVH AND LAKE SHORE ALUMNI, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O GLEASON HOLLOWAY 5601 MAYO STREET HOLLYWOOD FL 33023

3. Date Incorporated or Qualified **09/11/1985** 3a. Date of Last Report **07/15/1994**
 4. FEI Number **59-2570972** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BURKE, JAMES C.
 6600 NW 27TH AVENUE
 SUITE 208
 MIAMI FL 33146**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REASE, CHARLES
STREET ADDRESS	545 NW 123 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	BENJAMIN, LORRAINE
STREET ADDRESS	1888 N.W. 45TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	HOLLOWAY, GLEASON
STREET ADDRESS	5601 MAYO ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	SD
NAME	DENNISON, CHRISTINE
STREET ADDRESS	3000 N.W. 214TH ST.
CITY - ST - ZIP	OPA LOCKA FL
TITLE	D
NAME	COLLINS, HERBERT
STREET ADDRESS	19300 N.W. 19TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DENNISON, ERIC
STREET ADDRESS	3131 N.W. 213TH ST.
CITY - ST - ZIP	CAROL CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COWART-HOWELL, ELIZABETH	
1.3 STREET ADDRESS	40 WEST HIGH TERRANCE	
1.4 CITY - ST - ZIP	ROCHESTER, NEW YORK	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COVLON, MYRTTE	
2.3 STREET ADDRESS	1301 S.W. AVE. C PLACE	
2.4 CITY - ST - ZIP	BELLE GLADE, FL	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLLOWAY, GLEASON	
3.3 STREET ADDRESS	5601 MAYO STREET	
3.4 CITY - ST - ZIP	HOLLYWOOD, FL	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCLENDON, CARTHIA	
4.3 STREET ADDRESS	241 WEST 16TH WAY	
4.4 CITY - ST - ZIP	RIVERA BEACH, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REYNOLDS, YVONNE	
5.3 STREET ADDRESS	20428 WASHBURN STREET	
5.4 CITY - ST - ZIP	DETROIT, MI	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCKINLY, PERION	
6.3 STREET ADDRESS	1625 N.E. FREEMONT	
6.4 CITY - ST - ZIP	PORTLAND, OREGON	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA), 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.

SIGNATURE: Gleason Holloway July 1, 1995 9/3-4760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)