

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90070 020 ****61.25

DOCUMENT # N12510

1. Corporation Name

LOUIS WOLFSON II MEDIA HISTORY CENTER, INC.

Principal Place of Business

**MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET
MIAMI FL 33130**

Mailing Address

**MIAMI DADE PUBLIC LIBRARY
101 WEST FLAGLER STREET
MIAMI FL 33130**

1 5 5 1 3 3 5 9 0 0 7 0 3 2 0 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

12/12/1985

4. FEI Number

59-2666628

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **PELTON, MARGARET**
STREET ADDRESS **101 WEST FLAGLER ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ DELETE

NAME **RICHTER, WINSTON**
STREET ADDRESS **300 NE 2ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BROWN, WILLIAM**
STREET ADDRESS **UNIVERSITY OF MIAMI**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **WOLFSON, LYNN**
STREET ADDRESS **5050 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **ABRELL, JOE**
STREET ADDRESS **536 HARDEE ROAD**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **P** ☐ DELETE

NAME **GEORGE, PAUL**
STREET ADDRESS **300 NE 2ND AVE**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/99

(305) 375-1505

Date

Daytime Phone #

CR2E037 (1/198)