NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90008 021 ****83.75

DOCUMENT # N18215

1. Corporation Name

MITCHELL'S GROUP HOME, INC.

Principal	Place	of	Business
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Mailing Address

3071 N.W. 186 TERRACE MIAMI FL 33056

3071 N.W. 186 TERRACE

MIAMI FL 33056

|--|--|--|--|--|

2. Princi	rincipal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualife	d			 -	
21		26				12/11/1986					
	Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number			App	lied For	
22						65-0079598		Not Applicable			
	City & State City & State								\$8.75 Additional		
23		28		_		5. Certificate of Status Desired			Fee Required		
Zip	Country	Zip	Zip Country			6. Election Campaign Financing \$5.00 May Be					
24	25 29 30					Trust Fund Contribution Added to Fees				Fees	
· · · · · ·	9. Name and Address of Curre	nt Registered Agent		T 5		10. Name and Address of New	Registered A	gent			
			81	l Na	me						
MITCH	HELL, SADIE		82	Str	eet Addre	ss (P.O. Box Number is Not Accep	table)				
3071	N.W. 186 TERRACE		-								
MIAM	I FL 33056		83	'[
	•		84	Cit	<u>-</u>			85	Zip Co	ode	
				<u> </u>	<u> </u>		<u> </u>	بلبا			
11. Purs	uant to the provisions of Sections 617.05 or registered agent, or both, in the State	02 and 617.1508, Florida Statutes, a of Florida. Such change was auth	, the abov norized by	e-nar	ned corpor	ration submits this statement for th n's board of directors. I hereby acc	e purpose of a ept the appoin	:nangir itment	ng its r as reg	egisterea istered	
ager	t. I am familiar with, and accept the oblig	ations of, Section 617.0503, Florid	à Statutes	š.	•	•			_		
SIGNATI	JRE					1.7.2	DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered S. OFFICERS AND DIRECTORS 13.			nt signa	Ture required v	ADDITIONS/CHANGES TO O		OIRE	CTOF	RS IN 12	
TITLE	DP	DELETE	1.1 TITLE			7,007,10707,777020,70	11.702,107.00	Cha		Addition	
NAME	MITCHELL, SADIE		1.2 NAME						_		
STREET ADD			1.3 STREE		eess .						
CITY-ST-ZIF	4 41 4 4 41 54			ST-ZIP							
TITLE	DV	☐ DELETE	2.1 TITLE					Cha	ange	Addition	
NAME	MITCHELL, DANIEL		2.2 NAME		ļ					ĺ	
STREET ADO		MITOTICEE, DANIE		2.3 STREET ADDRESS							
CITY-ST-ZIF				ST-21P						ĺ	
TITLE	DST	C actor				•		Cha	ange	Addition	
NAME	CURRY, SHUNTON		3.2 NAME								
STREET ADD			3.3 STREE	TADOR	tess						
CITY-ST-ZIF			3.4. CITY-	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE					☐ Cha	ange	Addition	
NAME			4. 2 NAME								
STREET ADO	RESS		4.3 STREE	T ADDR	(ESS						
C/TY-ST-Z/F			4.4 C/TY-S	it-ZIP							
TITLE		DELETE	5.1 TITLE					Cha	ange	Addition	
NAME]		5.2 NAME							j	
STREET AO	PRESS		5.3 STREE		ESS						
CITY-ST-ZIF	, <u> </u>	<u> </u>	5.4 C/TY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TTLE		}			☐ Cha	ange	☐ Addition	
NAME		:	6.2 NAME								
STREET ADE	PRESS		6.3 STREE	TADOR	ESS					ļ	
CITY-ST-ZIF	,		6.4 CITY-5	ST-ZIP							

14. Lereby 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.

MITCHELL'S GROUP HOME INCIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/1999

(305)620~9965

Daytime Phone #