

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N18789**

**(0)**

1. Corporation Name

**GLADES KHOURY LEAGUE, INC.**



Principal Place of Business

**9451 SW 64TH ST  
FIELDHOUSE/CONCESSION  
MIAMI FL 33173  
US**

Mailing Address

**P O BOX 651247  
MIAMI FL 33265  
US**

3. Date Incorporated or Qualified  
**01/16/1987**

3a. Date of Last Report  
**05/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2767512**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARD, MARIE P  
8201 SW 58TH ST  
MIAMI FL 33143**

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 ☐ DELETE

NAME **DV  
WILCOX, DAVID**  
STREET ADDRESS **5755 SW 116TH AVE**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PD  
HITT, SKIP**  
STREET ADDRESS **7741 S.W. 17TH STREET**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **D  
GARCIA, JORGE**  
STREET ADDRESS **5720 SW 108TH PL**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **TD  
HELSPER, OFELIA**  
STREET ADDRESS **10311 S.W. 107 ST.**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD  
CARD, MARIE P**  
STREET ADDRESS **8201 SW 58TH ST**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D  
STEMMER, SUE**  
STREET ADDRESS **4420 S.W. 112TH PLACE**  
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

**D  
HITT, SKIP  
7741 S.W. 17th Street  
MIAMI FL**

**D  
GONZALEZ, RICK  
8952 S.W. 59 Street  
MIAMI, FL**

**D  
HELSPER, OFELIA  
10311 S.W. 107 ST  
MIAMI FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Marie P. Card*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-279-8169**

CR2E037 (12/95)