


FILE NOW: FILING FEE IS \$61.25

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Apr 01, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N19874

1. Corporation Name
BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION, INC.

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|---|---|
| Principal Place of Business 3246 NW 48TH TERRACE MIAMI FL 33142 | Mailing Address 3246 NW 48TH TERRACE MIAMI FL 33142 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 03/30/1987 | 4. FEI Number 65-0273534 Applied For Not Applicable |
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|---|---|
| 9. Name and Address of Current Registered Agent STEWART, EVERETT SR 3246 NW 48TH TERRACE MIAMI FL 33142 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, EVERETT SR. | 1.2 NAME | |
| STREET ADDRESS | 3246 N.W. 48TH TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, MARTHA P | 2.2 NAME | |
| STREET ADDRESS | 3249 N.W. 51 ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | RS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAPP, ARTHURINE | 3.2 NAME | |
| STREET ADDRESS | 3215 N.W. 49TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REAVES, JENNIE | 4.2 NAME | |
| STREET ADDRESS | 3315 N.W. 49TH ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, GWENOLYN | 5.2 NAME | S ERNESTINE WILLIAMS |
| STREET ADDRESS | 3117 N.W. 52ND ST. | 5.3 STREET ADDRESS | 4875 N.W. 31ST AVENUE |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | MIAMI, FL 33142 |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, GLINNER H | 6.2 NAME | |
| STREET ADDRESS | 3246 N W 48TH TERRACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 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 DATE: Mar. 29, 1999 DAYTIME PHONE #: 305-632-4134

CR2E037 (11/98)