FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N20647

(6)

THE GHETTO MISSION, INC.

FILED Mar 19 1998 8:00am Secretary of State

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3/1/98

(305) 758-7909

Principal Place of Business Mailing Address						1 (40)(10) 810 710)) OCHA SUNI BANI 810) 810) 810) 810) 810) 810) 810) 810)
% LAVARNA SALLEY % LAVARNA SALLEY						
1125 N.W. 518			1125 N.W. 51ST TERRACE			3. Date Incorporated or Qualified
MIAMI FL 3312	7-2017	MIAMI FL 33127-2017	MIAMI FL 33127-2017			05/14/1987 4. FEI Number Applied For
						59-28 19773 Not Applicable
	Place of Business	2a. Malling Address	2a. Malling Address			5. Certificate of Status Desired \$8.75 Additional
21		[26]				Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	h 			6. Election Campaign Financing \$5.00 May Be
City & State		City & State	City & State			Trust Fund Contribution Added to Fees
23		28				7. Is this nonprofit corporation a homeowners association?
ZIP	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year intangible
24	25	29	30			Personal Property Tax due June 30. 🛛 Yes 🔲 No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	•
	LAVARNA		82 Street Ac		Street	t Address (P.O. Box Number is Not Acceptable)
	W. 51ST TERRACE			83		
MIAMI F	L			•		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida St	atutes, the al	bove	-namer	d corporation submits this statement for the purpose of changing its registered
office of r agent. I a	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was bligations of, Section 617,0503	as authorized . Florida Stat	d by tutes	the cor	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered	***************************************		d Age	nt signatur	re required when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CALLEY LAVADAIA	☐ DELETE	1.1 T)			☐ Change ☐ Addition
NAME STREET ADDRESS	SALLEY, LAVARNA 1125 N.W. 51ST TERRACE		1.2 NA		4000000	
CITY-ST-ZIP	MIAMI FL				ADDRESS	
TITLE	D	☐ DELETE	1.4 GII 2.1 TII		- ZIP	Change Addition
NAME	ADAMS, LEVY L.	—	22 NA			
STREET ADDRESS	1100 NW 45 STREET				ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TIT	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, LELIA M.		3.2 NA	IME		
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL			3.4. CITY - S1		
TITLE	D D	☐ DELETE	4.1 T/T			Change Addition
NAME	CHESS, REBECCA		4. 2 N/			
STREET ADDRESS	1765 NW 56 ST.				address	
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	4.4 CH 5.1 TiT		-ZIP	☐ Change ☐ Addition
NAME			5.1 MI			Change 1 Addition
STREET ADDRESS					ADDRESS	<u></u>
CITY-ST-ZIP			5.4 CIT			
TITLE		☐ DELETE	6.1 TIT		±11	☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET /	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
14. I hereby of	certify that the information supplied on this annual report or supplement	with this filing does not qualify	ly for the exe	mpt	on state	ted 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 it made under eath; 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						
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.						