

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90114 028 ****61.25

DOCUMENT # N20647

1. Corporation Name

THE GHETTO MISSION, INC.

Principal Place of Business

% LAVARNA SALLEY
1125 N.W. 51ST TERRACE
MIAMI FL 33127-2017

Mailing Address

% LAVARNA SALLEY
1125 N.W. 51ST TERRACE
MIAMI FL 33127-2017



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/14/1987

4. FEI Number

59-2819773

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

SALLEY, LAVARNA
1125 N.W. 51ST TERRACE
MIAMI FL

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

OFFICERS AND DIRECTORS

12.

TITLE

D

☐ DELETE

NAME

SALLEY, LAVARNA

STREET ADDRESS

1125 N.W. 51ST TERRACE

CITY-ST-ZIP

MIAMI FL

TITLE

D

☒ DELETE

NAME

ADAMS, LEVY L.

STREET ADDRESS

1100 NW 45 STREET

CITY-ST-ZIP

MIAMI FL

TITLE

D

☒ DELETE

NAME

ADAMS, LELIA M.

STREET ADDRESS

1100 NW 45 STREET

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

CHESS, REBECCA

STREET ADDRESS

1765 NW 56 ST.

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

D

William E. Wallace

1032 N.W. 35 Street

Miami, FL 33127

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

Mary Wallace

1032 N.W. 35 Street

Miami, FL 33127

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:

Lavarna Salley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(305) 758-7909

Date

Daytime Phone #

CR2E037 (11/98)