

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 # **N20849** (8)

1. Corporation Name

LE JARDIN COMMUNITY CENTER, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 9990 SW 77 AVENUE, SUITE 313 MIAMI FL 33156 | 9990 SW 77 AVENUE, SUITE 313 MIAMI FL 33156 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/27/1987 | 3a. Date of Last Report 06/15/1995 |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 47 NORTH KROME AVE. | 2a. Mailing Address 47 NORTH KROME AVE. |
| 21 | 26 |
| Suite, Apt. #, etc. N/A | Suite, Apt. #, etc. N/A |
| 22 | 27 |
| City & State Homestead, Fl 33030 | City & State Homestead, Fl 33030 |
| 23 | 28 |
| Zip 33030 | Country Dade |
| 24 | 25 |
| Zip 33030 | Country Dade |
| 29 | 30 |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-2810036 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

| | | |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

| | |
|---|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | | | |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BERGER, MICHAEL L. 9990 SW 77TH AVENUE SUITE 313 MIAMI FL 33156 | | NEW MAILING ADDRESS BERGER, MICHAEL J. 47 North Krome Ave. Homestead, Fl 33030 | |
| NOTE | | 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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINEBRENNER, OPAL | 1.2 NAME | |
| STREET ADDRESS | 177 WEST MOWRY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATAN, JOANNE | 2.2 NAME | |
| STREET ADDRESS | 177 WEST MOWRY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 2.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TABB, ANNE | 3.2 NAME | |
| STREET ADDRESS | 177 WEST MORWY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 3.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, TIM W | 4.2 NAME | |
| STREET ADDRESS | 177 WEST MORWY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 if changed, or on an attachment with an address.

SIGNATURE: _____ April 15, 1996 245-7299
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Olaa Bzduk, Executive Director

CR2E037 (12/95)