

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/27/1987

02/07/1994

4. FEI Number

59-2810036

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 47 North Krome Ave.

26 47 North Krome Ave.

Suite, Apt. #, etc

N/A

Suite, Apt. #, etc

N/A

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

Dade

Zip

33030

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

**BERGER, MICHAEL L.
9990 SW 77TH AVENUE
SUITE 313
MIAMI FL 33156**

**B NOTE
NEW MAILING ADDRESS
Berger, Michael L.
47 North Krome Ave
Homestead, FL 33030**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	WINEBRENNER, OPAL
STREET ADDRESS	177 WEST MOWRY
CITY - ST - ZIP	HOMESTEAD FL
TITLE	DP
NAME	DORRELL, ERNEST W.
STREET ADDRESS	177 WEST MOWRY
CITY - ST - ZIP	HOMESTEAD FL
TITLE	DS
NAME	TABB, ANNE
STREET ADDRESS	177 WEST MORWY
CITY - ST - ZIP	HOMESTEAD FL
TITLE	DVP
NAME	RODRIGUEZ, DOROTHY
STREET ADDRESS	177 WEST MORWY
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	900001829159
3.3 STREET ADDRESS	-05/20/96--01041--016
3.4 CITY - ST - ZIP	***61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001828815
5.3 STREET ADDRESS	/05/20/90--01001--016
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Olga Bzdyk, Executive Director

April 15, 1996

245-7299

Date

Daytime Phone #