

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED May 06 1997 8:00am Secretary of State

DOCUMENT # 1. Corporation Name N20849 LE JARDIN COMMUNITY CENTER INC

Principal Place of Business 47 North Krome Avenue Homestead, FL 33030 U.S. Mailing Address Same

3. Date Incorporated or Qualified 05/27/1987 3a. Date of Last Report 04/26/1996

2. Principal Place of Business 21 2a. Mailing Address 26 Suite, Apt. #, etc. 22 27 City & State 23 28 Zip 24 25 Country 29 30 Country 4. FEI Number 59-2810036 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent Berger, Michael L. 47 North Krome Avenue Homestead, FL 33030

10. Name and Address of New Registered Agent 81 Name JOHN M LYNN 82 Street Address (P.O. Box Number is Not Acceptable) 48 NE 15 ST 83 84 City Homestead FL 85 Zip Code 33030

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] JOHN M LYNN DATE 4/10/97

12. OFFICERS AND DIRECTORS [Table with columns for Title, Name, Street Address, City-St-Zip, and a DELETED checkbox. Includes entries for Winebrenner, Opal, Katon, Joanne, Tabb, Anne, and Williams, Tim W.]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [Table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes. Includes entries for Winebrenner, Opal, Rodriguez, Dorothy, Williams, Tim, and Katon, Joanne.]

14. I do 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 the address.

SIGNATURE [Signature] Timothy W. Williams 4/14 305 27694-4044 PRES. DEPT Date Daytime Phone #

CR2E037 (9/96)