

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20849
 1. Corporation Name
LE JARDIN COMMUNITY CENTER, INC.

Principal Place of Business 47 NORTH KROME AVENUE HOMESTEAD FL 33030 US	Mailing Address 47 NORTH KROME AVENUE HOMESTEAD FL 33030 US
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* 9 5 6 0 1 8 *

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/27/1987
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2810036
24	25	29
24	25	29
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
LYNN, JOHN M 48 NE 15 ST HOMESTEAD FL 33030		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code
		FL
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.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	WALKER, WILLIAM H JR	1.2 NAME	
STREET ADDRESS	1550 N KROME AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	PRESIDENT
NAME	RODRIGUEZ, DOROTHY	2.2 NAME	SCHRAMM, THOMAS
STREET ADDRESS	47 NORTH KROME AVENUE	2.3 STREET ADDRESS	47 NORTH KROME AVENUE
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030
TITLE	DP	3.1 TITLE	VICE PRESIDENT
NAME	WILLIAMS, TIM	3.2 NAME	
STREET ADDRESS	47 NORTH KROME AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	KATON, JOANNE	4.2 NAME	
STREET ADDRESS	47 NORTH KROME AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BERRONES, EDUARDO	5.2 NAME	
STREET ADDRESS	47 N KROME AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	WALKER, WILLIAM H JR	1.2 NAME	
STREET ADDRESS	1550 N KROME AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	PRESIDENT
NAME	RODRIGUEZ, DOROTHY	2.2 NAME	SCHRAMM, THOMAS
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CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030
TITLE	DP	3.1 TITLE	VICE PRESIDENT
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CITY-ST-ZIP	HOMESTEAD FL 33030	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Eduardo Berrones **EDUCATIONAL RECORDS REQUIRED** 1-8-99 305 245-4994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)