

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N23095** (5)
1. Corporation Name
GREATER MIAMI RELIGIOUS LEADERS COALITION, INC.



Principal Place of Business: 9401 BISCAYNE BLVD MIAMI SHORES FL 33137		Mailing Address: 9401 BISCAYNE BLVD MIAMI SHORES FL 33137		3. Date Incorporated or Qualified 10/20/1987	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33138 25 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33138 30 Country		4. FEI Number 59-0624404 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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GLICKSTEIN, GARY RABBI 4144 CHASE AVENUE MIAMI BEACH FL 33140				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKSTEIN, GARY RABBI	1.2 NAME	
STREET ADDRESS	4144 CHASE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIGAN, IRVIN REV.	2.2 NAME	
STREET ADDRESS	8431 N.W. 12TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, PRISCILLA REV.	3.2 NAME	
STREET ADDRESS	501-96 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	3.4 CITY-ST-ZIP	
TITLE	TDS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENSKI, THOMAS REV.	4.2 NAME	Wenski, Thomas Bishop
STREET ADDRESS	9401 BISCAYNE BLVD	4.3 STREET ADDRESS	<i>Thomas Wenski</i>
CITY-ST-ZIP	MIAMI SHORES FL 33138	4.4 CITY-ST-ZIP	
TITLE		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		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 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.

SIGNATURE: *Thomas Wenski* **Thomas Wenski** 1/6/98 305/754-2444

CR2E037 (10/97)