

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 021 \*\*\*\*61.25

**DOCUMENT #**

1. Corporation Name

Scott Lake Athletic Club, Inc

Principal Place of Business

Mailing Address

17710 NW 15th Court  
Miami, FL 33169

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 17710 NW 15th Ct.

26 19604 NW 29th Ave.

4/28/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0122677

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33169

Country

29 33056

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Joseph Cooper

82 Street Address (P.O. Box Number is Not Acceptable)

19604 NW 29th Ave

83

84 City

Miami,

FL

85 Zip Code  
33056

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

*Joseph S. Cooper*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE  
NAME 1st Vice President  
STREET ADDRESS Lorenzo Johnson  
6340 NW 200th Ter  
CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Treasurer  
NAME Michelle Spann  
STREET ADDRESS 12820 NW 18th Ct.  
CITY-ST-ZIP Miami, FL 33128

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary  
Wanda Parker  
17322 NW 9th Ct.  
Miami, FL 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

President (D)

☒ Change ☐ Addition

1.2 NAME

Joseph Cooper

1.3 STREET ADDRESS

19604 NW 28th Ave.

1.4 CITY-ST-ZIP

Miami, FL 33056

2.1 TITLE

1st Vice President (D)

☒ Change ☐ Addition

2.2 NAME

Martin Maultsby

2.3 STREET ADDRESS

2230 NW 190th Ter

2.4 CITY-ST-ZIP

Miami, FL 33056

3.1 TITLE

2nd Vice President (D)

☐ Change ☒ Addition

3.2 NAME

Frank Ligon Jr.

3.3 STREET ADDRESS

1204 S 20th Ave

3.4 CITY-ST-ZIP

Hollywood, FL 33020

4.1 TITLE

Treasurer

☐ Change ☒ Addition

4.2 NAME

Tania Bailey

4.3 STREET ADDRESS

6941 NW 173rd Drive Apt 201

4.4 CITY-ST-ZIP

Miami, FL 33015

5.1 TITLE

Secretary

☐ Change ☒ Addition

5.2 NAME

Cleola Horne

5.3 STREET ADDRESS

2951 NW 187th Street

5.4 CITY-ST-ZIP

Miami, FL 33056

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Joseph S. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-99 305-628-0041

CR2E037 (11/98)