

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29646** (9)

1. Corporation Name

MACK FOSTER HOME INC.



Principal Place of Business C/O MINNIE MACK 2525 NW 159 TERRACE OPA LOCKA FL 33054	Mailing Address C/O MINNIE MACK 2525 NW 159 TERRACE OPA LOCKA FL 33054
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3. Date Incorporated or Qualified

12/12/1988

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MACK, MINNIE
2525 NW 159 TERRACE
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name	Minnie Mack
82 Street Address (P.O. Box Number is Not Acceptable)	2525 NW 159 Terr
83	
84 City	Opa Locka
85 Zip Code	FL 33054

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 **Minnie Mack**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACK, MINNIE	
STREET ADDRESS	2525 NW 159 TERRACE	
CITY - ST - ZIP	OPA LOCKA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWBOLD, LILLIE	
STREET ADDRESS	3620 NW 207 STREET	
CITY - ST - ZIP	CAROL CITY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ATKINS, JENNIE	
STREET ADDRESS	2565 NW 159 TERRACE	
CITY - ST - ZIP	OPA LOCKA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HELEN	
STREET ADDRESS	2520 NW 159 TERRACE	
CITY - ST - ZIP	OPA LOCKA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

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 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: **HELEN WILLIAM**

2/12/98 (305) 621-7239

CR2E037 (10/97)