## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

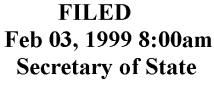
Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # N29646**

MACK FOSTER HOME INC.

Principal Place of Busines
C/O MINNIE MACK 2525 NW 159 TERRACE
2525 NW 159 TERRACE -
OPA LOCKA FL 33054

Mailing Address C/O MINNIE MACK 2525 NW 159 TERRACE OPA LOCKA FL 33054



02-03-1999 90023 010 \*\*\*\*61.25

	 ,

2. Principal P	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed		
21	1,77	26			12/12/1988		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied	For.	
22		27			NOT APPLICABLE X Not App	licable	
City & Stat	Broom to the	City & State			_ \$8.75 Additi	onal	
22		28			5. Certificate of Status Desired Fee Require	d	
Zip:	Country	Zip	Count	ry	6. Election Campaign Financing 55.00 May	Re	
24	25	<u></u>	30	-	Trust Fund Contribution Added to Fee		
44	9. Name and Address of Current	J	1		10. Name and Address of New Registered Agent		
<del></del>	The second of the second of the second		8	1 Name			
	, , ; i.						
	NNIE	* .	8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	159 TERRACE		8	2			
OPA LOC	KA FL 33054		. ,  °	<b>"</b>			
		•	8	4 City	85 Zip Code		
PARESSONS É	0.67	The second second second			ा निकास कर है । है । तह प्रकार सामित्र कर प्रकार की है।	y veria	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-named cor	orporation submits this statement for the purpose of changing its regis	tered	
oπice or i	registered agent, or both, in the State of m familiar with, and accept the obligation	ns of Section 617.0503; Flor	rida Statute	is.	ation's board of directors. I hereby accept the appointment as register		
		****				1.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Aç	ent signature requir	ulred when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
TITLE	PD	☐ DELETE	1.1 TITLE		「A」とはできる □ Change □	Addition	
NAME	MACK, MINNIE	,	1.2 NAMS	:			
STREET ADDRESS	2525 NW 159 TERRACE		1.3 STRE	ET ADDRESS	(文学·神·杜克特·奇尔·克里克·克克克克)	٠.	
CITY-ST-ZIP	OPA LOCKA FL	in the second	1.4 CITY	ST-7IP		,	
TITLE	VD.	☐ DELETE	2.1 TITLE		☐ Change ☐	Addition	
	NEWBOLD, LILLIE		2.2 NAM				
NAME ~		• • •	•				
STREET ADDRESS	3620 NW 207 STREET		1	ET ADDRESS			
CITY-ST-ZIP	CAROL CITY FL	1 11 Desert	2. 4 CITY		☐ Change	Addition	
TITLE	SD	DELETE	3.1 TITLE		Criange , L	Addition	
11/1/2019	ATKINS, JENNIE	j.	3.2 NAMI			,	
STREET ADDRESS	2565 NW 159 TERRACE	• . •	3.3 STRE	ET ADDRESS			
CITY ST-ZIP	OPA LOCKA FL	*	3.4. CITY	-ST-ZIP			
-TITLE	T	☐ DELET <b>E</b>	4.1 TITLE		☐ Change ☐	Addition	
NAME (\$1.25)	WILLIAMS, HELEN		4. 2 NAM	E	the control of the co	18124 18124	
STREET ADDRESS	2520 NW 159 TERRACE		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL		4.4 CITY-	ST-ZIP	Land to the state of the state	dir.	
TITLE	2	DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAM	<b>I</b>		·	
	,		5.3 STRE	ET ADDRESS		; . }	
STREET ADDRESS	\$0		5.4 CITY-			, .	
CITY-ST-ZIP	teles and appropriate	☐ DELETE	6.1 TITLE		Change	Addition	
TITLE -	2520 Art 11 A	☐ DETE IE			∴ Cusude F		
NAME	GHA LOCAC	•	6.2 NAMI				
STREET ADDRESS	CENTRAL CONTRACTOR		6.3 STRE	ET ADDRESS			

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.

6.4 CITY-ST-ZIP