

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32001 (2)**
1. Corporation Name
MIGRANT ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business: 112 SE 10TH ST DELRAY BCH FL 33483 US
Mailing Address: 112 S.E. 10TH STREET DELRAY BEACH FL 33483 US

3. Date Incorporated or Qualified: **04/28/1989**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0149423**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ASENSIO, CARIDAD 1345 N.E. 5TH AVENUE BOCA RATON FL 33432**
10. Name and Address of New Registered Agent (81-85) fields.

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: *Caridad Aensio* (NOTE: Registered Agent signature required when changing) DATE: **2/6/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <i>DP</i>	NAME: ASENSIO, CARIDAD	11 TITLE: DD	NAME: Mrs. Patricia Watson
STREET ADDRESS: 1345 N.E. 5TH AVENUE	CITY-ST-ZIP: BOCA RATON FL	12 NAME:	13 STREET ADDRESS: 10838 Tamarisk Trail
TITLE: DV	NAME: BERRY, CONSTANCE	14 CITY-ST-ZIP: Boynton Beach, FL 33436	21 TITLE: DD
STREET ADDRESS: 1837 N. CONGRESS AVE	CITY-ST-ZIP: W. PALM BEACH FL	22 NAME: Mr. Roy Christie	23 STREET ADDRESS: 1200 S. Ocean Blvd 9F
TITLE: DS	NAME: PHIPPS, HAZEL	24 CITY-ST-ZIP: Boca Raton, FL 33431	31 TITLE: VP
STREET ADDRESS: 724 NW 6TH DRIVE	CITY-ST-ZIP: BOCA RATON FL	32 NAME: Mrs. Eileen Hoyer	33 STREET ADDRESS: 4333 N. Ocean Blvd BS4
TITLE: DVT	NAME: TOIAN, CONSTANTINE N	34 CITY-ST-ZIP: Delray Beach, FL 33483	41 TITLE:
STREET ADDRESS: 3154 LAKESHORE DR.	CITY-ST-ZIP: DEERFIELD BEACH FL	42 NAME:	43 STREET ADDRESS:
TITLE: DD	NAME: RALPH, DON	44 CITY-ST-ZIP:	51 TITLE:
STREET ADDRESS: 2501 SO. FEDERAL HIGHWAY	CITY-ST-ZIP: DELRAY BEACH FL	52 NAME:	53 STREET ADDRESS:
TITLE: DD	NAME: CRAWFORD, PHILLIP C	54 CITY-ST-ZIP:	61 TITLE:
STREET ADDRESS: 4824 BRANDYWINE DRIVE	CITY-ST-ZIP: BOCA RATON FL	62 NAME:	63 STREET ADDRESS:
		64 CITY-ST-ZIP:	64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Caridad Aensio* DATE: **2/6/96**

CR2E037 (12/95)