

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
65-0149423

Applied For
Not Applicable

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 assets under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASENSIO, CARIDAD
1345 N.E. 5TH AVENUE
BOCA RATON FL 33432**

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

2/6/96

12. OFFICERS AND DIRECTORS

TITLE **DP** *Caridad Asensio*
NAME **ASENSIO, CARIDAD**
STREET ADDRESS **1345 N.E. 5TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DV** ☐ DELETE
NAME **BERRY, CONSTANCE**
STREET ADDRESS **1837 N. CONGRESS AVE**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **DS** ☐ DELETE
NAME **PHIPPS, HAZEL**
STREET ADDRESS **724 NW 6TH DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DVT** ☒ DELETE
NAME **TOIAN, CONSTANTINE N**
STREET ADDRESS **3154 LAKESHORE DR.**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **DD** ☐ DELETE
NAME **RALPH, DON**
STREET ADDRESS **2501 SO. FEDERAL HIGHWAY**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DD** ☐ DELETE
NAME **CRAWFORD, PHILLIP C**
STREET ADDRESS **4824 BRANDYWINE DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DD Mrs. Patricia Watson ☐ Change ☒ Addition
10838 Tamarisk Trail
Boynton Beach, FL 33436

DD Mr. Roy Christie ☐ Change ☒ Addition
1200 S. Ocean Blvd 9F
Boca Raton, FL 33431

VP Mrs. Eileen Hoyer ☐ Change ☒ Addition
4333 N. Ocean Blvd BS4
Delray Beach, FL 33483

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Daytime Phone #

CR2E037 (12/95)