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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N32001 (2)

1. Corporation Name

MIGRANT ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

112 SE 10TH ST
DELRAY BCH FL 33483
US

112 S.E. 10TH STREET
DELRAY BEACH FL 33483-3426
US

APPROVED
AND
FILED
07 JUN 20 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
04/28/1989

3a. Date of Last Report
02/13/1996

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 tax 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)

800002221198--3

83

-06724797--01048--007

84 City

*****70.00 *****70.00

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 title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Pres.
"D"

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

V.P.
"D"

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

TITLE DD ☒ DELETE
NAME WATSON, PATRICIA
STREET ADDRESS 10838 TAMARISK TRAIL
CITY-ST-ZIP BOYNTON BEACH FL

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

Bd. member
"D"

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

Bd. member

1.1 TITLE Eileen Hays (V.P.) ☐ Change ☒ Addition
1.2 NAME 4993 N. Ocean Blvd
1.3 STREET ADDRESS Delray Beach, FL 33483
1.4 CITY-ST-ZIP

2.1 TITLE Roy Christie ☐ Change ☒ Addition
2.2 NAME 1200 S. Ocean Blvd. 9F
2.3 STREET ADDRESS Boca Raton, FL 33481
2.4 CITY-ST-ZIP Boca Raton, FL 33481

3.1 TITLE Richard Ralston, MD ☐ Change ☒ Addition
3.2 NAME 2623 S. Ocean Blvd. member
3.3 STREET ADDRESS # 100
3.4 CITY-ST-ZIP Boynton Beach, FL 33435

4.1 TITLE Kenneth Wenzel ☐ Change ☒ Addition
4.2 NAME 490 N. Federal Hwy. #40
4.3 STREET ADDRESS Boca Raton, FL 33432
4.4 CITY-ST-ZIP

5.1 TITLE Ed. member ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Caridad Asensio

4-17-97

CR2E037 (9/96)