

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 65-0149423	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21 8645 W. Boynton Beach Blvd. Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, Florida Zip 24 33437 Country 25 USA	2a. Mailing Address 26 8645 W. Boynton Beach Blvd. Suite, Apt. #, etc. 27 City & State 28 Boynton Beach, Florida Zip 29 33437 Country 30 USA
---	--

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

10. Name and Address of New Registered Agent
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 *Caridad ASENSIO, President* DATE **1/15/1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ASENSIO, CARIDAD
STREET ADDRESS	1345 N.E. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BERRY, CONSTANCE
STREET ADDRESS	1837 N. CONGRESS AVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HOYE, EILEEN
STREET ADDRESS	4333 N. OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	BM <input type="checkbox"/> DELETE
NAME	CHRISTIE, ROY
STREET ADDRESS	1200 S. OCEAN BLVD. 9F
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	BM <input type="checkbox"/> DELETE
NAME	RALPH, DON
STREET ADDRESS	2501 SO. FEDERAL HIGHWAY
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DD <input type="checkbox"/> 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	
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: *Caridad ASENSIO* DATE: **1/15/1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)