


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90096 007 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N32001**

1. Corporation Name

**MIGRANT ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

 8645 W BOYNTON BEACH BLVD  
 BOYNTON BEACH FL 33437  
 US

Mailing Address

 8645 W BOYNTON BEACH BLVD  
 BOYNTON BEACH FL 33437  
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1989	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0149423	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25. Zip				30. Country	
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90. Zip				95. Country	
91. Zip				96. Country	
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93. Zip				98. Country	
94. Zip				99. Country	
95. Zip				100. Country	

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



(NOTE: Registered Agent signature required when reinstating)

2/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASENSIO, CARIDAD	1.2 NAME	
STREET ADDRESS	1345 N.E. 5TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, CONSTANCE	2.2 NAME	
STREET ADDRESS	1837 N. CONGRESS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYE, EILEEN	3.2 NAME	
STREET ADDRESS	4333 N. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	BM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, ROY	4.2 NAME	
STREET ADDRESS	1200 S. OCEAN BLVD. 9F	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	BM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH, DON	5.2 NAME	
STREET ADDRESS	2501 SO. FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, PHILIP C	6.2 NAME	SD
STREET ADDRESS	4824 BRANDYWINE DRIVE	6.3 STREET ADDRESS	Susan D. Cutaia
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	7539 London Lane Boca Raton, FL 33433

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.

SIGNATURE:


**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 (561) 737-6336

CR2E037 (1/98)