FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35286 (6)

1. Corporation Name

DR. MINNIE L. MITCHELL COMMUNITY SCHOOL, INC.

Principal Place of Business	Mailing Address
1026 NW EIGHT ST. HALLANDALE FL 33009	P.O. BOX 4874 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0177058 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MITCHELL, M. L.
5726 S.W. 18TH ST.
HOLLYWOOD FL 33023

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	MITCHELL(LOWE), MINNIE L	12 NAME	D Roberson, Rhonda
STREET ADDRESS	5726 SW 18TH ST.	13 STREET ADDRESS	4980 S.W. 21st St
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	Hollywood, Fl 33023
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	MAJOR, WANDA	22 NAME	D Burpo, Patricia D.
STREET ADDRESS	5726 S.W. 18TH ST.	23 STREET ADDRESS	409 N. 31st. Street
CITY-ST-ZIP	HOLLYWOOD FL 33023	24 CITY-ST-ZIP	Richmond, Va. 23223
TITLE	SD	31 TITLE	MD ☐ Change ☒ Addition
NAME	LOWE, ARTHENIA	32 NAME	Joyner, James, Jr.
STREET ADDRESS	5726 S.W. 18TH ST.	33 STREET ADDRESS	5726 S. W. 18th St.
CITY-ST-ZIP	HOLLYWOOD FL 33023	34 CITY-ST-ZIP	Hollywood, Fl 33023
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	COOPER, SHERRI	42 NAME	
STREET ADDRESS	5726 S.W. 18TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	44 CITY-ST-ZIP	
TITLE	SVP	51 TITLE	☐ Change ☐ Addition
NAME	COOPER, DANIELLE SHERR	52 NAME	
STREET ADDRESS	5726 SW 18TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

7/31

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)(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: Minnie (Lowe) Mitchell - Minnie L. Mitchell 2/08/95 (305) 458-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
President

040477