

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 # N36851 (6)

1. Corporation Name

BURROKEETS CULTURAL CLUB INC.

Principal Place of Business

3320 NW 177 TERR  
MIAMI FL 33056

Mailing Address

3320 NW 177 TERR  
MIAMI FL 33056



3. Date Incorporated or Qualified

02/28/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0186740

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, LINCOLN, E  
3320 NW 177 TERR  
MIAMI FL 33056

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME FORD, LINCOLN E.  
STREET ADDRESS 3320 NW 177 TERR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE V  
NAME JOHNSON, CALVIN  
STREET ADDRESS 1542 NW 15TH AVE.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE S  
NAME MAYNARD, ANNETTE  
STREET ADDRESS 1735 NW 107 ST.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DS  
NAME FORD, CHARLENE  
STREET ADDRESS 3320 NW 117 TERR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE T  
NAME HOWE, KENRICK  
STREET ADDRESS 11105 SW 202 ST.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME RAGOO, SHERYL  
STREET ADDRESS 1013 BAY DR #227  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
400001789444  
-04/22/96--01089--038  
\*\*\*61.25 ☐ Change ☐ Addition

2.1 TITLE VICE PRES.  
2.2 NAME KENRICK NOEL  
2.3 STREET ADDRESS 11105 SW 200 St., BLDG.5, Apt. 309  
2.4 CITY-ST-ZIP MIAMI FL 33157 ☒ Change ☐ Addition

3.1 TITLE SECT./ TREAS.  
3.2 NAME KENNETH CHARLES  
3.3 STREET ADDRESS 1156 NE 88 St.  
3.4 CITY-ST-ZIP MIAMI, FL 33138 ☒ Change ☐ Addition

4.1 TITLE PRO  
4.2 NAME CLAIRE FORD  
4.3 STREET ADDRESS 3320 NW 177 Terr  
4.4 CITY-ST-ZIP Miami, FL 33056 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
NO LONGER APPLIES ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
NO LONGER APPLIES ☐ 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

Date

Daytime Phone #

CR2E037 (12/95)