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Mar 24 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 # N37976 (0)

1. Corporation Name

PEOPLE ACTING FOR COMMUNITY TOGETHER, INC.

Principal Place of Business	Mailing Address
1883 N.W. 7TH ST. #8 MIAMI FL 33125 US	1883 N.W. 7TH ST. #8 MIAMI FL 33125 US

3. Date Incorporated or Qualified: 05/02/1990

4. FEI Number: 65-0080062 ☐ 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. 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CURTIS, FR.
5300 S.W. 102 AVE.
#8
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: Aaron C. Dorfman
82 Street Address (P.O. Box Number is Not Acceptable): 1883 NW 7th St.
83: Suite #8
84 City: Miami FL 85 Zip Code: 33125

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] Aaron Dorfman, Executive Director 2-17-98
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	1.1 TITLE	D / P	☐ Change ☐ Addition
NAME	KIDDY, FR. C		1.2 NAME	Rev. John Curran	
STREET ADDRESS	5300 S.W. 102 AVE.		1.3 STREET ADDRESS	3490 NW 191 St.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami FL 33055	
TITLE	AT	☐ DELETE	2.1 TITLE	"D" (not "AT")	☒ Change ☒ Addition
NAME	BROOKS, ERMIN		2.2 NAME		
STREET ADDRESS	600 N.W. 34TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	zip = 33169	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	STANKIEWICZ, HELEN		3.2 NAME		
STREET ADDRESS	42 E. 50 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	zip = 33013	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DE LA TORRE, EDUARDO		4.2 NAME		
STREET ADDRESS	4740 NW 185TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	JIRUSKA, ANNA		5.2 NAME		
STREET ADDRESS	8861 S.W. 54THH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	zip = 33165	
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ORTIZ, DILCIA		6.2 NAME		
STREET ADDRESS	1366 N.E. 180TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Anna M. Jiruska Mar. 12, 1998 (305) 596-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #