

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:16

DOCUMENT # N38328

(3)

1. Corporation Name

PINECREST NEIGHBORHOOD ACTION COMMITTEE, INC.

Principal Place of Business

Mailing Address

7425 SW 100 ST
 MIAMI FL 33156
 US

7425 SW 100 ST.
 2400 S. DIXIE HWY STE 200
 MIAMI FL 33156
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1990

3a. Date of Last Report
04/28/1994

4. FEI Number
65-0251975

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 ☐

**FILING FEE IS
\$61.25**

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 Suite, Apt. #, etc.

26 **7425 S.W. 100 St.**

23 City & State

28 **Miami, FL**

24 Zip

Country

29 Zip

Country

33156

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREER, EVELYN LANGLIEB
 2400 S. DIXIE HWY.
 SUITE 200
 MIAMI FL 33133**

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 the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	11 TITLE ☐ Change ☐ Addition
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY - ST - ZIP	14 CITY - ST - ZIP
TITLE	21 TITLE ☐ Change ☐ Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE ☐ Change ☐ Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE ☐ Change ☐ Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE ☐ Change ☐ Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE ☐ Change ☐ Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE ☐ Change ☐ Addition
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY - ST - ZIP	14 CITY - ST - ZIP
TITLE	21 TITLE ☐ Change ☐ Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY - ST - ZIP	24 CITY - ST - ZIP
TITLE	31 TITLE ☐ Change ☐ Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY - ST - ZIP	34 CITY - ST - ZIP
TITLE	41 TITLE ☐ Change ☐ Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY - ST - ZIP	44 CITY - ST - ZIP
TITLE	51 TITLE ☐ Change ☐ Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY - ST - ZIP	54 CITY - ST - ZIP
TITLE	61 TITLE ☐ Change ☐ Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY - ST - ZIP	64 CITY - ST - ZIP

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 110.07(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: *Priscilla M. Rivera* **Priscilla M. Rivera** 6/12/95 305-666-7560
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)