

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40801** (5)

1. Corporation Name

THE SOUTHSIDE CULTURAL ARTS INSTITUTE, INC.



Principal Place of Business	Mailing Address
2207 RALEIGH STREET HOLLYWOOD FL 33020	2207 RALEIGH STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified	11/01/1990
4. FEI Number	65-0473698
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
GRAHAM, HENRY L 2525 RALEIGH ST. HOLLYWOOD FL 33020	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD TANNER, ALBERTA
STREET ADDRESS	1960 SHERMAN STREET
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD ASH, HELENA
STREET ADDRESS	2321 FORREST STREET
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	MD MURRAY, JUANITA
STREET ADDRESS	238 SW 13TH ST.
CITY-ST-ZIP	DANIA FL 33004
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D GRAHAM, HENRY L.
1.3 STREET ADDRESS	2525 RALEIGH STREET
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD HARGROVE, DR. JESSE
2.3 STREET ADDRESS	5975 W. SUNRISE BOULEVARD
2.4 CITY-ST-ZIP	SUNRISE, FL. 33313
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MD MOBLEY, SHIRLEY
3.3 STREET ADDRESS	3100 N. 24th AVENUE, APT #91
3.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____

April 16, 1998 (054) 031 0371

CP2E037 (10/97)