

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90072 012 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40801

1. Corporation Name

THE SOUTHSIDE CULTURAL ARTS INSTITUTE, INC.

Principal Place of Business

2207 RALEIGH STREET
HOLLYWOOD FL 33020

Mailing Address

2207 RALEIGH STREET
HOLLYWOOD FL 33020



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/01/1990

4. FEI Number

65-0473698

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

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

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 *Henry L. Graham*
Signature, typed or printed name of registered agent and title if applicable.

Exec. Director
(NOTE: Registered Agent signature required when reinstating)

2/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GRAHAM, HENRY L.**
STREET ADDRESS **2525 RALEIGH STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VD** ☐ DELETE
NAME **HARGROVE, DR. JESSE**
STREET ADDRESS **5975 W. SUNRISE BOULEVARD**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **MD** ☒ DELETE
NAME **MURRAY, JUANITA**
STREET ADDRESS **238 SW 13TH ST.**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **MD** ☒ DELETE
NAME **MOBLEY, SHIRLEY**
STREET ADDRESS **3100 N. 24TH AVE, APT 91**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MD PETERMAN, JANICE**
3.3 STREET ADDRESS **717 S.W. 14th TERRACE**
3.4 CITY-ST-ZIP **DANIA, FL 33004**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **MD SAUERS, DAVID F.**
4.3 STREET ADDRESS **1429 MONROE ST.**
4.4 CITY-ST-ZIP **HOLLYWOOD, FL 33020**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Henry L. Graham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 *954-921-2371*
Date Daytime Phone #

CR2E037 (11/98)