FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # N48662 (3)

1. Corporation Name
VOTER'S COUNCIL OF NORTH MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
1520 NE 152ND TER NORTH MIAMI BEACH FL 33162	1520 NE 152ND TER NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2491274 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
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. 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

HAZEL CRAWFORD
1520 NE 152ND TERRACE
N MIAMI BEACH FL 33162-1272

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	FANNIE M. MCCORMICK	1.2 NAME	Otha White
STREET ADDRESS	1895 VENICE PARK DRIVE B18	1.3 STREET ADDRESS	1482N.E. 152 Terr.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	1.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BRENDA J. WASHINGTON	2.2 NAME	
STREET ADDRESS	1590 NE 152ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CR, WHIBBLY	3.2 NAME	
STREET ADDRESS	1532 NE 152ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LELIA, SNELL	4.2 NAME	
STREET ADDRESS	1545 NE 152ND TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, HAZEL	5.2 NAME	
STREET ADDRESS	1520 NE 152ND TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MARY, MCFARLEY K DR.	6.2 NAME	
STREET ADDRESS	15350 NE 16TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	6.4 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 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: Otha White 1-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043763