

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33162-5967



3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: *Hazel Crawford*

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	P	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, OTHA	
STREET ADDRESS	1482 NE 152 TERR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRATT, SOPHIA	
STREET ADDRESS	1550 NE 154TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOHM, ATHENIA	
STREET ADDRESS	1450 NE 149TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LELIA, SNEEL	
STREET ADDRESS	1545 NE 152ND TERR.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, HAZEL	
STREET ADDRESS	1520 NE 152ND TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARY, MCFARLEY K DR.	
STREET ADDRESS	15350 NE 16TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WASHINGTON, BRENDA	
1.3 STREET ADDRESS	1590 NE 152 ST	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON, WAVERLY	
2.3 STREET ADDRESS	1425 NE 154 ST	
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, HAZEL <i>Hazel Smith</i>	
3.3 STREET ADDRESS	1449 NE 154 TERR.	
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACKSON, YVONNE	
4.3 STREET ADDRESS	1535 NE 152 TERR	
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STARKE, DAVID	
5.3 STREET ADDRESS	1480 NE 151 DR	
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
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 do 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031870

CR2E037 (9/96)