


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90058 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48662**

1. Corporation Name

**VOTER'S COUNCIL OF NORTH MIAMI BEACH, INC.**

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

Mailing Address  
**1535 NE 152 TERR  
NORTH MIAMI BEACH FL 33162  
US**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>05/01/1992</b> 4. FEI Number <b>59-2491274</b> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WASHINGTON, BRENDA</b>	1.2 NAME	
STREET ADDRESS	<b>1590 NE 152 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, WAVERLY</b>	2.2 NAME	
STREET ADDRESS	<b>1425 NE 154TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOHM, ATHENIA</b>	3.2 NAME	
STREET ADDRESS	<b>1450 NE 149TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, YVONNE</b>	4.2 NAME	
STREET ADDRESS	<b>1535 NE 152ND TERR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, HAZEL</b>	5.2 NAME	
STREET ADDRESS	<b>1520 NE 152ND TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STARKE, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>1980 NE 187TH DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-6-99 305-947-4592**

CR2E037 (1/98)