

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 20, 1998 8:00 am
Secretary of State

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**



3. Date Incorporated or Qualified

05/01/1992

4. FEI Number

59-2491274

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1535 N.E. 152 TER**

22 City & State

27 City & State
North Miami Beach, FL

23 Zip Country

28 Zip Country
33162 DADE

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 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 **BRENDA WASHINGTON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WASHINGTON, BRENDA**
STREET ADDRESS **1590 NE 152 ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **V** ☐ DELETE
NAME **ROBINSON, HAZEL**
STREET ADDRESS **1425 NE 154TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **S** ☐ DELETE
NAME **DOHM, ATHENIA**
STREET ADDRESS **1450 NE 149TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **T** ☐ DELETE
NAME **JACKSON, YVONNE**
STREET ADDRESS **1535 NE 152ND TERR**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE
NAME **CRAWFORD, HAZEL**
STREET ADDRESS **1520 NE 152ND TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ DELETE
NAME **STARKE, DAVID**
STREET ADDRESS **1980 NE 187TH DR**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **WASHINGTON**
1.3 STREET ADDRESS **1590 N.E. 152 ST.**
1.4 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **HAZEL ROBINSON**
2.3 STREET ADDRESS **1425 NE 154 ST**
2.4 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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.

SIGNATURE: **BRENDA WASHINGTON** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-98 (954) 967-9036
Date Daytime Phone #

0031878

CR2E037 (10/97)