

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48662

FILED  
May 20, 2009  
Secretary of State

Entity Name: VOTER'S COUNCIL OF NORTH MIAMI BEACH, INC.

**Current Principal Place of Business:**

HAZEL CRAWFORD CENTER  
1528 NE 152 STREET  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1535 NE 152 TERR  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 59-2491274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHNSON, GAIL  
1566 NE 154 TERRACE  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, GAIL  
Address: 1566 NE 154 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P ( ) Delete  
Name: HALL, LORENZO  
Address: 1581 NE 151 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P ( ) Delete  
Name: KNIGHT, REGINA  
Address: 1532 NE 152 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete  
Name: WILLIS, MAMIE  
Address: 1417 NE 151 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T ( ) Delete  
Name: JACKSON, YVONNE  
Address: 1535 NE 152 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: F ( ) Delete  
Name: PHILLIPS, HELEN  
Address: 1470 NE 151 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL JOHNSON

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

05/20/2009

\_\_\_\_\_ Date