

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48662

FILED
Feb 24, 2010
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)**

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
Name: JOHNSON, GAIL
Address: 1566 NE 154 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAIL JOHNSON

P

02/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date