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Jul 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N48924

1. Corporation Name
Liberty City - Miami Chapter # 4725

Principal Place of Business
8400 N.W. 25 Ave
Miami fl. 33147

Mailing Address
7615 N.W. 2nd Ave #420
Miami fl. 33150

2. Principal Place of Business
21

Suite, Apt. #, etc
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: May 15, 1992

3a. Date of Last Report: 1997 July

4. FEI Number: 52-1707929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Anna Bell Moore
7615 N.W. 2nd. Ave. # 420
Miami Fl. 33150

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME Anna Bell Moore STREET ADDRESS 7615 N.W 2nd Ave #420 CITY-ST-ZIP Miami FL 33150	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 7615 N.W. 2nd Ave #420 1.4 CITY-ST-ZIP Miami fl. 33150	☐ Change ☐ Addition
TITLE D NAME Vesterlene Cole Brook STREET ADDRESS 8400 N.W. 25 Ave. # 609 CITY-ST-ZIP Miami Fl. 33147	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE SD NAME Agnes Welcher STREET ADDRESS 950 N.W 95 St. #409 CITY-ST-ZIP Miami Fla. 33150	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Archare Stamp STREET ADDRESS 8400 N.W. 25 Ave. CITY-ST-ZIP Miami Fl. 33147	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME Athlie Mullins STREET ADDRESS 2333 N.W 63 St. CITY-ST-ZIP Miami Fl. 33142	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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Marilyn-07/14/98-01084-088
***61.25

A.L. 7/13

CR2E037 (9/96)

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: Anna Bell Moore June 1998 305 754-2158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #