

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N50234 (6)**

1. Corporation Name

**FLORIDA COMMUNITY RESOURCE CENTER, INC.**



Principal Place of Business

Mailing Address

**27200 OLD DIXIE HIGHWAY  
P.O. BOX 1330  
HOMESTEAD FL 33090**

**27200 OLD DIXIE HIGHWAY  
P.O. BOX 1330  
HOMESTEAD FL 33090**

3. Date Incorporated or Qualified

**07/30/1992**

3a. Date of Last Report

**10/20/1995**

2. Principal Place of Business

2a. Mailing Address

**21 27200 Old Dixie Highway**

**26 P.O. Box 901330**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Naranja, Florida**

**28 Homestead, Florida**

Zip

Country

Zip

Country

**24 33032**

**25 U.S.A.**

**29 33090**

**30 U.S.A.**

4. FEI Number

**23-7400277**

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

10. Name and Address of New Registered Agent

**ROBINSON, MAUREEN  
27200 OLD DIXIE HIGHWAY  
NARANJA FL 33030**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

**33032**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
ROBINSON, MAUREEN  
3939 LOQUAT AVENUE  
CORAL GABLES FL 33133**

☐ DELETE

**VPD  
SCHANTZ, MARGUERITE  
1315 SOUTH FIELDLARK LANE  
HOMESTEAD FL 33035**

☐ DELETE

**SD  
HERSH, ROBERT  
13331 SW 108TH ST., CIRCLE  
MIAMI FL 33186**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Maureen Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/17/96**

Date

**(305)247-4515**

Daytime Phone #

CR2E037 (12/95)