

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/11/06--01018--009 **87.50



05222006 Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS, BERNADETTE
1076 NW 85 STREET
MIAMI, FL 33150

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PINDER, DUDLEY
STREET ADDRESS 1145 NW 83 ST
CITY-ST-ZIP MIAMI, FL 33150

TITLE P ☐ Delete
NAME FRANCIS, BERNADETTE
STREET ADDRESS 1076 NW 85 STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE D ☐ Delete
NAME JOHNS, JOHN E REV.
STREET ADDRESS 1175 NW 83 STREET
CITY-ST-ZIP MIAMI, FL 33150

TITLE VD ☐ Delete
NAME JERKINS, MARIA
STREET ADDRESS 1066 NW 85 ST
CITY-ST-ZIP MIAMI, FL 33150

TITLE S ☐ Delete
NAME JOHNS, MRS J
STREET ADDRESS 1175 NW 83 ST
CITY-ST-ZIP MIAMI, FL 33150

TITLE D ☐ Delete
NAME Melford Pinder
STREET ADDRESS 1145 NW 83 street
CITY-ST-ZIP MIAMI, FL 33150

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernadette Francis

5/22/06

Date

Daytime Phone #

5/25