


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90147 031 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000710</b>					
1. Corporation Name <b>SOUTH DADE ALLIANCE FOR NEIGHBORHOOD DEVELOPMENT, INC.</b>					
Principal Place of Business 12425 S.W. 226TH ST. MIAMI FL 33170			Mailing Address P O BOX 700757 GOULDS FL 33170 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0375026	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent <b>DAVIS, HEHEMIAH 11980 SW 179TH TERR MIAMI FL 33177</b>		10. Name and Address of New Registered Agent	
		81	Name <b>PRESLEY, MARK</b>
		82	Street Address (P.O. Box Number is Not Acceptable) <b>19910 S.W. 116 AVENUE</b>
		83	<b>MIAMI, FL. 33157</b>
		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 <i>Rev. Mark S. Presley</i>	DATE 4/29/99
(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, NEHEMIAH	1.2 NAME	PRESLEY, MARK
STREET ADDRESS	11980 SW 179TH TERR	1.3 STREET ADDRESS	19910 S.W. 116 AVENUE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, JOSEPH	2.2 NAME	SEWELL, JOSEPH
STREET ADDRESS	21799 SW 117TH COURT	2.3 STREET ADDRESS	1580 N.W. 16 AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL. 33030
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, JOSEPH	3.2 NAME	JONES, LARRY
STREET ADDRESS	21799 S.W. 117TH COURT	3.3 STREET ADDRESS	11700 S.W. 199 STREET
CITY-ST-ZIP	MIAMI FL 33170	3.4 CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, LYDIA E	4.2 NAME	
STREET ADDRESS	12425 S.W. 226TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NEHEMIAH	5.2 NAME	
STREET ADDRESS	11980 S.W. 179TH TER.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.	
(305) 258 5959	

SIGNATURE: *Lydia E. Walker* **REQUIRED** **LYDIA E. WALKER, TREASURER** 4/29/99

CR2E037 (11/98)