

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000479 (6)
1. Corporation Name
THE DILLARD HIGH SCHOOL TASK FORCE FOR QUALITY EDUCATION, INC.



Principal Place of Business 2323 N.W. 12TH COURT FT. LAUDERDALE FL 33311	Mailing Address 2323 N.W. 12TH COURT FT. LAUDERDALE FL 33311-5236
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3. Date Incorporated or Qualified 02/04/1993	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0359532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVENPORT, OZZIE M
2323 N.W. 12TH COURT
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, OZZIE M	
STREET ADDRESS	2323 N.W. 12TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRINGLE, RICHARD	
STREET ADDRESS	3851 N.W. 5TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREEN, ROBERT	
STREET ADDRESS	7430 N.W. 41ST COURT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MILDRED C	
STREET ADDRESS	4761 N.W. 17TH STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PRINGLE, JUANITA W	
STREET ADDRESS	3851 N.W. 5TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRINGTON, JOHNNY	
STREET ADDRESS	5021 N.W. 18TH STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *[Handwritten Signature]* **02/04/1993**

CR2E037 (9/96)