FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000629 (6)

1. Corporation Name
PERRINE/CUTLER RIDGE COUNCIL, INC.

Principal Place of Business	Mailing Address
900 PERRINE AVE. MIAMI FL 33157 US	900 PERRINE AVE. MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0407832 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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)

9. Name and Address of Current Registered Agent

CRANMAN, STEVEN J.
900 PERRINE AVE.
PERRINE FL 33157

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 607.0502 and 607.1508, 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 607.0505, 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	DTS	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HEACOCK, DENISE	1.2 NAME	Susan Ludovici	
STREET ADDRESS	9707 E. HIBISCUS STREET	1.3 STREET ADDRESS	17408 SW 97 Avenue	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	D-VC	2.1 TITLE	DIC	☐ Change ☒ Addition
NAME	CADMAN, GEORGE I	2.2 NAME	Leif Gundersen	
STREET ADDRESS	15757 S. DIXIE HWY.	2.3 STREET ADDRESS	1374 Osprey Court	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Homestead, FL 33035	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLINS, MARY	3.2 NAME	McClean, J. P	
STREET ADDRESS	18021 SW 91ST AVE.	3.3 STREET ADDRESS	14201 S.W. 83 Avenue	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33158	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DOTSON, ALBERT S	4.2 NAME	Burgess, Donald	
STREET ADDRESS	17901 SW 78TH AVE.	4.3 STREET ADDRESS	7301 S.W. 174 Street	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BELL, WILBUR	5.2 NAME	Sharkey, Phillip	
STREET ADDRESS	17452 SW 104TH AVE.	5.3 STREET ADDRESS	11222 Quail Roost Drive	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HANNA, ED	6.2 NAME	Gentile, John	
STREET ADDRESS	17623 HOMESTEAD AVE.	6.3 STREET ADDRESS	8056 SW 81 Drive	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33143	

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 addition.

SIGNATURE: _____ 4/21/95 (305)378-9470
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043325