FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N9300000629 (6)

DOCUMENT #	N930000062
PERRINE/CUTLER R	IDGE COUNCIL, INC.

Principal Place	of Business	Mailing Address					16 8 8 1 1 1 4 4	ILI 68 411 68 144 88 11 6	
900 PERRINE	AVE.	900 PERRINE AVE.							
MIAMI FL 331	57	MIAMI FL 33157							
US		US				3. Date Incorporated or Quali	fed	3a. Date of La	ast Report
						02/15/1993		04/26	/1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0407832			Not Applicable
Suite, Apt. i	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	d		75 Additional
22		27						L Fe	ee Required
City & State	•	City & State				6. Election Campaign Financii	ng		.00 May Be
7		28	1			Trust Fund Contribution		AC	ided to Fees
Ζιρ 24	Country 25	1	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current	29 Registered Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
				B1	Name	To. Hamb and Made Cod of the		istored Agent	
CDANILIA	N, STEVEN J.								
	RINE AVE.		6	82	Street Addres	is (P.O. Box Number is Not Acce	eptable)		
	FL 33157		la la	83					
FERRINE	. FE 33137								
			[84	City			FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 217.0502	and 617.1508, Florida Statute	es, the abov	L e∙na	amed corporat	ion submits this statement for th	e purpos		ts registered office
ör registen familiar wit	o the provisions of Sections 6 7.0502 ed agent, o both in the State of Florid h, and account the bliggiftens of Society	a. Such change was authoriz on 617 0603. Elorida Statutes	ed by the co	orpo	ration's bloard	of directors. Thereby accept the	appoint	tment as registe	red agent. I am
SIGNATURE	XVIII W	5	toven	、:	2 · Cr	(ARMCM	3	126/96	
SIGNATORE	Signature Typied or proved name of registered agent a	and the happinable (NC)	TF: Registered A	 ادبن	sign ature required v	r en renstatner		DATE	
12.	OFFICERS AND		13.			ADD/HONS/CHANGES TO			
TITLE	DTS	DELETE	117111		1 CV	girman Gunderson, Lert		Chang	ge 🔲 Addition
NAME	HEACOCK, DENISE		1.2 NAN		ر ا	Gurderson, Leit	1		
STREET ADDRESS	9707 E. HIBISCUS STREET				ADDRESS 1 1	745 France Road	- フ		
CITY-ST-ZIP	MIAMI FL	Floorese	1.4 0(1)			rine, FL 3315			
TITLE	VC	☐ DELETE	2 1 1111		$ \tilde{D} $	rector		Chang	ge 🔲 Addition
NAME	CADMAN, GEORGE I		2 2 NAN		150	rgess, Don 145 Fairjo Roc	d		
STREET ADDRESS	15757 S. DIXIE HWY.		1			rine, FL 33	 : 157	1	
CITY - ST - ZIP	MIAMI FL	DELETE	2 4 CIT 3 1 TITL			ector 33	212	/	Addition
TITLE NAME	D Collins, Mary	Шисин			1.0	Louici, Susan		FT c.rqué	ge
STREET ADDRESS	18021 SW 91ST AVE.		3 2 NAM		ADDRESS 174	108 SW 97 AV	enue		
CITY - ST - ZIP	MIAMI FL		335IR		LUMESS DAY	rine, FL 3315	7		
TITLE	D D	□ DÉLÉTE	4 1 Till		Cir	د با بھ	<u></u>	Chang	ge
NAME	DOTSON, ALBERT S		4 2 NAI		16,00	ntile, John			- <u> </u>
STREET ADDRESS	17901 SW 78TH AVE.				ADDRESS 809	SE SWEL Drive	2		
CITY - ST - ZIP	MIAMI FL		4.4 CITY			umi, FL 33143			
TITLE	D	DELETE	5 1 TITL		N. (or tor		Chang	ge 🔲 Addition
NAME	Bell, Wilbur		5 2 NAM		MCI	Clean, Porter		_ `	•
STREET ADDRESS	17452 SW 104TH AVE.		53STRI	ÉET A	ADDRESS 1-	2011 SW 83 AVE	enue		
CITY-ST-ZIP	MIAMI FL		5.4 CITY			iami, FL 3315	\$		
THTLE	D	DELETE	6 ¹ TITŁ		Die	ector and		Chang	ge 🔲 Addition
NAME	HANNA, ED		6.2 NAM	đΕ	Sho	ackey, Phil	\wedge	. (0	
STREET ADDRESS	17623 HOMESTEAD AVE.		63 STA	EET A	ADDRESS 112	22 Quail Roost	1.)(106	
0.177 01 710	BRIARAL EL		I		lm.	may E1 2215	~		

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 arrival 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 optrustee 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: SIGNATURE NO TYPED OF PRINTED NAME OF

3/26/96

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