04-26-1999 90229 001 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000000629

PERRINE/CUTLER RIDGE COUNCIL, INC.

Principal Place of Business Mailing Address			-	-	
900 PERRINE AVE.		900 PERRINE AVE.			<u> </u>
MIAMI FL 33157		MIAMI FL 33157 US			
03		•			
2. Principa Pt	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21		26		02/15/1993	<u></u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0407832	Applied For
22	_	27 City 8 State		00 0407002	Not Applicable \$8.75 Additional
City & State	2	City & State		5- Certificate of Status Desired	Fee Required
Zip	Country		Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	7	Trust Fund Contribution	Added to Fees
	9. Name and Address of Currer			10. Name and Address of New Regis	tered Agent
			81 Name	Shor Koosi 1.	
CRANMAN, STEVEN-J.			82 Street Add	thess (P.O. Box Number is Not Acceptable)	
900 PERRINE AVE.					
PERRINE I	FL 33157		83		
1			84 City		85 Zip Code
					F L
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 cirectors. I hereby accept the appointment as registered					
agent. I am tamiliar with, and accept the obligations of, Section 617.0505, Florida Statutes.					
SIGNATURE KAN JIM KERRI L. VAUGHAN, EMECUTIVE DIRECTOR 4-22-99 Signature, typed of printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICE	
TITLE	D	⊅ DELETE	1.1 TITLE 2	HAIRMAN C	☐ Change Addition
NAME	HEACOCK, DENISE		1.2 NAME L	EIF GUNDERSON	45 /
STREET ADDRESS	9707 E. HIBISCUS STREET		1.3 STREET ADDRESS	4095 SO. DIXIE HY	/ V
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	MIAMI, FL 3311	Change Addition
TITLE	CO-C	☐ DELETE	2.1 TITLE	DIRECTUR D	☐ Change ② Addition
NAME	CADMAN, GEORGE I		2.2 NAME	JOHN BREDER_ 9861 SW 1845T	
STREET ADDRESS	15757 S. DIXIE HWY.			9861 OW 18431 MIAMI, FL 33157	•
CITY-ST-ZIP	MIAMI FL.	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	MIAMI, FL 33/5/	Change Addition
TITLE NAME	COLLINS, MARY	□ backite	l — :	ONALD JEFFERSON	
STREET ADDRESS	18021 SW 91ST AVE.	'		20505 SIDIXIE H	
CITY-ST-ZIP	MIAMI FL		1	MIAMI, FL 33189	·
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change Addition
NAME	DOTSON, ALBERT S		4.2 NAME £	D. MACDOUGALL	_
STREET ADDRESS	17901 SW 78TH AVE.		4.3 STREET ADDRESS /	8151 SW 98 CT.	
CITY-ST-ZiP	MIAMI FL.		4.4 CITY-ST-ZIP	MIAMI, FL 3315	
TITLE	ST	☐ DELETE	5.1 TITLE	NEITHART	☐ Change ▲ Addition
NAME	BELL, WILBUR		1 -	YAUL NEIDHART 5800 SW 79 AVE.	
STREET ADDRESS	17452 SW 104TH AVE.				
CITY-ST-ZIP	MIAMI FL 33157		5.4 CITY-ST-ZIP	114MI, FL. 3315	1

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 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 charged, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

HANNA, ED

17623 HOMESTEAD AVE.

TITLE

NAME

STREET ADDRESS

DELETE

4-22-99 305-378-9490

SW 98 AVE, ROAD

Addition