


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000629</b> 1. Entity Name PERRINE/CUTLER RIDGE COUNCIL, INC.	
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Principal Place of Business 900 PERRINE AVE. MIAMI, FL 33157 US	Mailing Address 900 PERRINE AVE. MIAMI, FL 33157 US
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07282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0407832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HEACOCK, DENISE 900 PERRINE AVE. PERRINE, FL 33157
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	4 33
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREder, JOHN 9861 SW 184 ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BARRY 1601 BISCAYNE BLVD., BALLROOM LEVEL MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALENCIKAS, JOANN 19500 SO. DIXIE HIGHWAY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ENRIGHT, BILL 24280 SW 182 AVENUE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, WILBUR 17452 SW 104 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSO, JOYCE 18131 98 AVENUE ROAD PALMETTO BAY, FL 33157

<p>000000375724 08/05/05-80008-006 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
<b>SIGNATURE:</b> <i>Denise Heacock</i> <b>DENISE HEACOCK</b> 7-28-2005 305-378-9410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>