


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90369 020 ****70.00

DOCUMENT # N93000001077					
1. Entity Name MODEL CITY CRIME PREVENTION SUB-COUNCIL AND TASK FORCE, INC.					
Principal Place of Business 1000 N.W. 62ND STREET MIAMI, FL 33150			Mailing Address 1000 N.W. 62ND STREET MIAMI, FL 33150		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0468286	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ROBINSON, WILLIE 1000 N.W. 62ND STREET MIAMI, FL 33150					
7. Name and Address of New Registered Agent					
Name <u>STELLA STARKS</u>					
Street Address (P.O. Box Number is Not Acceptable)					
<u>1000 N.W. 62ND ST.</u>					
City <u>MIAMI</u> FL <u>33150</u>					
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 <u>X</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ROBINSON, WILLIE <input checked="" type="checkbox"/> Delete 4925 NW 12TH AVE MIAMI, FL 33127				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS STARKS, STELLA <input checked="" type="checkbox"/> Delete 4725 N.W. 16TH AVENUE MIAMI, FL 33150				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC BURNES, EARNEST <input type="checkbox"/> Delete 3120 NW 56TH STREET MIAMI, FL 33142				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DCP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STARKS, STELLA 4725 N.W. 16th Avenue MIAMI, FL 33150					
DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALKER, GLOVIE 5820 N.W. 7th Place MIAMI, FL 33127					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FREDRICK, ROSE 4815 N.W. 16th Avenue MIAMI, FL 33142					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Stella Starks</u> 4-25-06 305-758-7033					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					