

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001077

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** MODEL CITY CRIME PREVENTION SUB-COUNCIL AND TASK FORCE, INC.

**Current Principal Place of Business:**

1000 N.W. 62ND STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

1000 N.W. 62ND STREET  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 65-0468286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARKS, STELLA  
100 NW 62ND ST  
MIAMI, FL 33150 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: STARKS, STELLA  
Address: 4725 NW 16TH AVE  
City-St-Zip: MIAMI, FL 33150

Title: DTS ( ) Delete  
Name: WALKER, GLORIA  
Address: 5820 NW 7TH PLACE  
City-St-Zip: MIAMI, FL 33127

Title: SVC ( ) Delete  
Name: BURNES, EARNEST  
Address: 3120 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: ROSE, FREDRICK  
Address: 4815 NW 16TH AVE  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STELLA STARKS

MS

02/12/2009

Electronic Signature of Signing Officer or Director

Date