## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

**DOCUMENT** # N93000001654 (3)

CENTER, INC.									
Principal Place of Business			Mailing Address				- T LOBBISCO BIO JOLDO SSILS BOLIT DAIN WOLL BOLIT BOLIT BOLIT BOLIT BOLIT BOLIT BINN DIES JORT		
2301 NW 155TH ST. OPA LOCKA FL 33054			2301 NW 155TH ST. OPA LOCKA FL 33054				3. Date incorporated or Qualified 04/12/1993		
					4. FEI Number	Applied For			
						<del></del>	65-0371911	Not Applicable	
2. Pri	incipal Place of Bus	INOSS	2e. Mailing Address 26				5. Certificate of Status Desired	8.75 Additional Fee Required	
	ite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing	5.00 May Be	
22			27					Added to Fees	
Cit	ty & State		City & State				7. Is this nonprofit corporation a homeowners association?		
23			28				Yes X	lo	
Zip	)	Country Zip Co			Country 8. This corporation owes or has paid the current year Intangible				
24		25		30			Personal Property Tax due June 30.	<u> </u>	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
					81	Name			
l H	HORTON, MELVIN D				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
2301 NW 155TH ST.									
OPA LOCKA FL 33054					83				
					84	City	FL 85 Zip Code		
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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, Ivood or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).  DATE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OI								PECTORS IN 12	
TITLE				1.1 111	F		Change Addition		
F					NAME				
NAME		UKU, JUANITA W 155TH ST				ADDRESS			

OPA LOCKA FL 33054 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BLANFORD, MICHAEL NAME 2.2 NAME 2301 NW 155TH ST. 2.3 STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HECTOR, MINERVA 3.2 NAME NAME 1231 WILMINGTON ST. STREET ADDRESS 3.3 STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE **BLANFORD, ANTHONY** 4. 2 NAME STREET ADDRESS 2301 NW 155TH ST. 4.3 STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change 5.1 TITLE Addition NAME COCKFIELD, NATHAN 5.2 NAME

OPA LOCKA FL 33054 6.4 CITY - ST - ZIP CITY-ST-ZIP 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 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 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 12 or Block 13 if changed, or on an atlachment with an address.

2301 NW 155TH ST.

**BLANFORD, LOUISE** 

2301 NW 155TH ST.

OPA LOCKA FL 33054

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

6.1 TiTL€

6.2 NAME

DELETE

(305)685-7744

FILED

May 21 1998 8:00am

Secretary of State

Addition