

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001896 (0)**

1. Corporation Name

FUND FOR MINORITY LEADERSHIP DEVELOPMENT IN SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**14020 OLD CUTLER ROAD
MIAMI FL 33158**

**14020 OLD CUTLER ROAD
MIAMI FL 33158**

3. Date Incorporated or Qualified

04/27/1993

3a. Date of Last Report

08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 609 Brickell Avenue

26 609 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HKE&F REGISTERED AGENT CORP.
2801 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SMITH, MELVIN D**
STREET ADDRESS **13315 N.W. 19TH AVENUE**
CITY-STATE-ZIP **MIAMI FL 33167**

11 TITLE **PD** ☐ Change ☒ Addition
12 NAME **Arthur J. Furia**
13 STREET ADDRESS **2601 S. Bayshore Dr., Suite 600**
14 CITY-STATE-ZIP **Miami, FL 33133**

TITLE **VD** ☒ DELETE
NAME **KELLEY, JOHN B**
STREET ADDRESS **1 S.E. 3RD AVENUE, SUITE 2400**
CITY-STATE-ZIP **MIAMI FL 33131**

21 TITLE **VD** ☐ Change ☒ Addition
22 NAME **Rev. Patrick H. O'Niell**
23 STREET ADDRESS **609 Brickell Ave.**
24 CITY-STATE-ZIP **Miami, FL 33131**

TITLE **SD** ☒ DELETE
NAME **ELLIGAN, IRWIN**
STREET ADDRESS **8431 N.W. 12TH AVENUE**
CITY-STATE-ZIP **MIAMI FL 33150**

31 TITLE **SD** ☐ Change ☒ Addition
32 NAME **Jamiss Sebert**
33 STREET ADDRESS **609 Brickell Ave.**
34 CITY-STATE-ZIP **Miami, FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: **Arthur J. Furia, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur J. Furia

1/30/96

Date

(305) 859-7700

Daytime Phone #

CR2E037 (12/95)