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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003780 (4)**

1. Corporation Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, IN C.

Principal Place of Business

Mailing Address

**7111 NW 46 ST
LAUDERHILL FL 33319**

**7111 NW 46 ST
LAUDERHILL FL 33319**



3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

65-0432640

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, SHELDON L
4801 S UNIVERSITY DR
SUITE 2321
DAVIE FL 33328**

81 Name CHUCK MOGBO

**82 Street Address (P.O. Box Number is Not Acceptable)
2331 N. STATE RD 7**

83 SUITE 124

84 City LAUDERHILL

FL

85 Zip Code 33313

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] **CHUCK MOGBO**

5/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TRASKELL, CHARLES
STREET ADDRESS 8320 W SUNRISE BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33322

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

CAROL MELIS
3802 S. LANCEWOOD PLACE
DELRAY BEACH, FL 33445

TITLE DV
NAME HAHAMOVITCH, TINA
STREET ADDRESS 7111 NW 46 ST
CITY-ST-ZIP LAUDERHILL FL 33319

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

AYAYI, ABBEY
1205 NW 40 AVENUE
LAUDERHILL, FL 33313

TITLE DT
NAME PHILLIPS, SHELDON L
STREET ADDRESS 4801 S UNIVERSITY DR SUITE 2321
CITY-ST-ZIP DAVIE FL 33328

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DT
CHUCK MOGBO
2331 N. STATE RD 7, SUITE 124
LAUDERHILL, FL 33313

TITLE DS
NAME SIMONS, DAVID
STREET ADDRESS 4801 SHERIDAN ST SUITE 500
CITY-ST-ZIP HOLLYWOOD FL 33021-3401

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change **Addition**

TITLE DV
NAME AYAYI, ABBEY
STREET ADDRESS 3431 N.W. 33 COURT
CITY-ST-ZIP LAUDERDALE LAKES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change **Addition**

TITLE
NAME CAROL MELIS
STREET ADDRESS 3802 S. LANCEWOOD PLACE
CITY-ST-ZIP DELRAY BEACH, FL 33445

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change **Addition**

14. 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 attachment, with an address.

SIGNATURE:

[Signature] **ABBAY AYAYI** **1/29/98 (954) 221-1303**

CR2E037 (10/97)