

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90107 037 ****61.25

DOCUMENT # **N93000003780**

1. Corporation Name

THE LAUDERHILL COMMUNITY SERVICES FOUNDATION, INC.

Principal Place of Business

7111 NW 46 ST
LAUDERHILL FL 33319

Mailing Address

7111 NW 46 ST
LAUDERHILL FL 33319



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

65-0432640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

MOGBO, CHUCK
2331 N STATE RD 7
STE 124
LAUDERHILL FL 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, 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

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

TRASKELL, CHARLES

1.2 NAME

STREET ADDRESS

8320 W SUNRISE BLVD

1.3 STREET ADDRESS

CITY-ST-ZIP

FT LAUDERDALE FL 33322

1.4 CITY-ST-ZIP

TITLE

DV

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

HAHAMOVITCH, TINA

2.2 NAME

STREET ADDRESS

7111 NW 46 ST

2.3 STREET ADDRESS

CITY-ST-ZIP

LAUDERHILL FL 33319

2.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

3.1 TITLE

☒ Change

☐ Addition

NAME

MELIS, CAROL

3.2 NAME

STREET ADDRESS

3802 S LANCEWOOD PLACE

3.3 STREET ADDRESS

CITY-ST-ZIP

DELRAY BCH FL 33445

3.4 CITY-ST-ZIP

TITLE

DS

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

SIMONS, DAVID

4.2 NAME

STREET ADDRESS

4601 SHERIDAN ST SUITE 500

4.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33021-3401

4.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

AJAYI, ABBEY

5.2 NAME

STREET ADDRESS

1205 NW 40 AVENUE

5.3 STREET ADDRESS

CITY-ST-ZIP

LAUDERHILL FL 33313

5.4 CITY-ST-ZIP

TITLE

DT

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

MOGBO, CHUCK

6.2 NAME

STREET ADDRESS

2331 N STATE RD 7, STE 124

6.3 STREET ADDRESS

CITY-ST-ZIP

LAUDERHILL FL 33313

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (954) 321-2453
Date Daytime Phone #

CR2E037 (11/98)