

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000005757 (0)

1. Corporation Name

**MINORITIES UNITED IN THE SOUTHERN REGION - SOUTH
FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

**XEROX CORPORATION
ONE EAST BROWARD BOULEVARD, 8TH FLOOR
FORT LAUDERDALE FL 33301**

**XEROX CORPORATION
ONE EAST BROWARD BOULEVARD, 8TH FLOOR
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

10/28/1994

4. FBI Number

65-0478346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENKINS, EVELYN
XEROX CORPORATION
ONE EAST BROWARD BOULEVARD, 8TH FLOOR
FORT LAUDERDALE FL 33301**

81 Name

Carter, Frances

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

Xerox Corporation

83 One East Broward Boulevard, 8th Floor

84 City

Fort Lauderdale FL 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Frances Carter, Treasurer

Frances Carter, Treasurer

2/14/95

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARSHALL, CLIVE
5200 N.W. 31 AVE, BLDG. G, APT. 137
FT. LAUDERDALE FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
OWENS, WAYNE
22707 SW 64 WAY
BOCA RATON FL 33428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
JENKINS, EVELYN
3556 N.W. 33 STREET
LAUDERDALE LAKES FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
AYOUNG, LISA
15040 N.W. 38 COURT
OPA LOCKA FL 33054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PD
Daniel, Wilburn
13 Redwood Circle
Plantation FL 33317**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VD
Woodson, Leah
8533 SW 5th St #308
Pembroke Pines FL 33025**

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**TD
Carter, Frances
1605 Tropical Drive
Lake Worth, FL 33460**

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

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

Frances Carter

Frances Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/95 (305) 724-2592

Daytime Phone