

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**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90006 048 \*\*\*122.50

0025657

**DOCUMENT # N94000000871**

1. Corporation Name

**PRATT MEMORIAL FAMILYBULD PROGRAM OF MIAMI, FLO  
RIDA, INCORPORATED**

Principal Place of Business

1900 N.W. 183RD ST.  
MIAMI FL 33055  
US

Mailing Address

2201 NW 189 TERR  
MIAMI FL 33056  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

65-0478150

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

9. Name and Address of Current Registered Agent

HALL, FLORENCE P  
2201 N.W. 189TH TERRACE  
MIAMI FL 33056

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

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
HALL, FLORENCE P  
STREET ADDRESS 2201 N.W. 189TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D  
GARDNER, BENJAMIN F JR  
STREET ADDRESS 7401 N.W. 186TH STREET  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME VD  
WILLIAMS, IVAN E.  
STREET ADDRESS 8201 NW 189 TERR  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME T  
HARRIS, EVANGELINE  
STREET ADDRESS 1701 NW 185 STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME S  
WILSON, BRENDA  
STREET ADDRESS 1701 NW 185 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D  
GARDNER, JAMES G.  
STREET ADDRESS 18545 NW 22 PL  
CITY-ST-ZIP MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Florence Pratt Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

305-  
621-0046

Daytime Phone #

CR2E037 (11/98)