

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 # N94000002785 (3)

1. Corporation Name

GREATER MIAMI LEADERSHIP CONFERENCE, INC. (GMLC)



Principal Place of Business

Mailing Address

**18801 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180**

**18801 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, CECIL
3360 NW 151ST TERRACE
OPA-LOCKA FL 33054**

81 Name

Same

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

18801 West Dixie Highway

83

84

North Miami Beach

FL

33180

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 ☐ DELETE

NAME **DP**
LAMB, CECIL
STREET ADDRESS **17955 NW 43RD CT.**
CITY-ST-ZIP **MIAMI FL 33055**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

300001746263
-03/18/96--01024--010

TITLE ☐ DELETE

NAME **DV**
PARRETT, DWIGHT
STREET ADDRESS **10674 EDINBURG STREET**
CITY-ST-ZIP **COOPER CITY FL 33026**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

*****\$1.25**

TITLE ☐ DELETE

NAME **DS**
NICHOLLS, JENNEFER
STREET ADDRESS **650 ORIENTAL BLVD.**
CITY-ST-ZIP **MIAMI FL 33054**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DS
NICHOLLS, JENNEFER
2557 NE 190 Street
North Miami Beach, FL 33180

TITLE ☐ DELETE

NAME **DT**
CULPEPPER, CHERYL
STREET ADDRESS **7040 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL 33083**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
WILLIAMS, WINSTON
STREET ADDRESS **11101 SW 176TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DS**
DAVIS, SHARON
STREET ADDRESS **11101 SW 176TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

6.1 TITLE ☐ Change ☐ Addition

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecil Lamb

2-26-96 (305) 936-5023

CR2E037 (12/95)