

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002785 (3)**

1. Corporation Name

GREATER MIAMI LEADERSHIP CONFERENCE, INC. (GMLC)



Principal Place of Business 18801 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180	Mailing Address 18801 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180-2633
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3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAMB, CECIL 18801 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33180	
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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	
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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 **Cecil Lamb- President**

4-23-97

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP LAMB, CECIL
STREET ADDRESS	17955 NW 43RD CT.
CITY-ST-ZIP	MIAMI FL 33055
TITLE	<input type="checkbox"/> DELETE
NAME	DV PARRETT, DWIGHT
STREET ADDRESS	10874 EDINBURG STREET
CITY-ST-ZIP	COOPER CITY FL 33026
TITLE	<input type="checkbox"/> DELETE
NAME	DS NICHOLLS, JENNEFIER
STREET ADDRESS	2557 NE 190TH ST
CITY-ST-ZIP	N MIAMI BEACH FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	DT CULPEPPER, CHERYL
STREET ADDRESS	7040 PINES BLVD
CITY-ST-ZIP	PEMBROKE PINES FL 33083
TITLE	<input type="checkbox"/> DELETE
NAME	D WILLIAMS, WINSTON
STREET ADDRESS	11101 SW 176TH STREET
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS DAVIS, SHARON
STREET ADDRESS	11101 SW 176TH STREET
CITY-ST-ZIP	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS Jennifer Collier
3.3 STREET ADDRESS	3101 NW 47 Terrace #128
3.4 CITY-ST-ZIP	Lauderdale Lakes, Florida 33319
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033460

CR2E037 (9/96)