## FILE NOW: FILING FEE IS \$61.25

PROFIT PRATION ANNUÄL REPORT



FLORIDA DEPARTMENT OF STATE

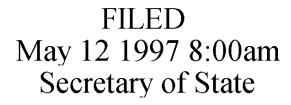
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

N94000004274 (6) DOCUMENT #
1. Corporation Name

EVERGLADES ELEMENTARY ENDEAVOR CENTER BOOSTER CL UB. INC.





Principal Place of Business Mailing Address						I SERVELEN BIR VALLE BURTE BURTE AND	1 <b>8 8</b> 111 8 8 111 8 8	iai <b>minim</b> simii	1840 1181 1941
8375 SW 16TH MIAMI FL 3315		P.O. BOX 144555 CORAL GABLES FL 33114	P.O. BOX 144555 CORAL GABLES FL 33114-4555						
						3. Date Incorporated or Qualified 08/30/1994	3a. Da	ate of Last 11/07/18	
2. Principal F	Place of Business	2a. Mailing Address	28. Mailing Address 26			4. FEI Number 65-0547801	Applied For Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi				
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zıp	Country	Zip	Cou	intry		8. This corporation has liability to	r intangible	tax under	в. <b>19</b> 9.032,
24	25	29	30			Florida Statutes	Yes [	No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	legistered	Agent	
				81	Name				
Guitian, Maria a ESQ				82 Street Address (P.O. Box Number is Not Acceptable)					
8321 SW 14 STREET				Ш					<del></del>
MIAMI FL 33144				63					
			i	84	City		FL	. [ ]	p Code
SIGNATURE	Signature typed or printed reduct of repistered ag	lent and title if applicable. (NC	TE: Registere	At	eia i	poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors. I hereby according to the tion's transfer of transfer of the tion's transfer of the tion's transfer of t	DATE	28/9	7
12.		ID DIRECTORS  DELETE	13.	71.5		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	
TITLE	PD CORLAZZOLI, CHERYL	DELETE	1.1 11					L Change	Addition
NAME	3500 SW 105 COURT		1.2 N		ADDRESS				
STREET ADDRESS	MIAMI FL 33165						4		
CHTY-ST-ZIP TITLE	VPD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	GAVARRETTE, JOSE		2.2 N/		. }				
STREET ADDRESS	6321 SW 91 AVENUE				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173			)TY-\$1	1				
TITLE	VPD	☐ DELETE	3.1 1		1-411	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	DUELFER, DONNA	-1-	3.2 N		1				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP	MIAMI FL 33143			ny-s	- 1				
TITLE	TD	DELETE	4.1 TI					Change	Addition
NAME	RODRIGUEZ, LOU E		4. 2 N	IAME					
STREET ADDRESS	8331 SW 14 GOURT ST		4.3 \$	TREET /	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33144		4.4 C	ITY-ST	r-ZIP				
TITLE	8	DELETE	5.1 TI					Change	Addition
NAME	SOTO, MARIA		5.2 N	AME					
STREET ADDRESS	15025 SW 53RD TERRACE		5.3 S	TREET /	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33185		5.4 C	ITY-ST	r-ZIP				
TITLE	S	☐ DELETE	6.1 Ti	TLE				☐ Change	Addition
NAME	ESPINOSA, VIRGINIA		6.2 N	AME	1				
STREET ADDRESS	7970 SW 15TH STREET		6.3 S	TREET	ADORESS				
CITY-ST-ZIP	MIAMI FL 33144		6.4 C	ITY-ST	r-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 12 if changed, or on an attachment with an address.

SIGNATURE