

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER
AMOUNT DUE ON OR BEFORE 8/9/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE
JUST 9, 1995.
INSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 10 1998 8:00am
Secretary of State

DOCUMENT # N 94000004274 (1)

1. Corporation Name

Everglades Elementary School Endeavor Center Booster

Principal Place of Business

Mailing Address

8375 SW 16TH STREET
MIAMI FL 33155

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MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-3-94

3a. Date of Last Report
10-21-98

4. FEI Number
65-0547801

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

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

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Maria A Guitian, Esq.
8321 SW 14 st
Miami, FL 33144

81. Name

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

83.

500002615253
-08/13/98--01024--047

84. City

***70.00

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	CAVARRETTE, NATALIE	8374 SW 16 STREET	MIAMI FL
VP	Catherine Del Toro	8375 SW 16 STREET	MIAMI FL
Second VP	Nilda Gomez	8375 SW 16TH STREET	MIAMI FL
Treasurer	Lou E Rodriguez	8375 SW 16TH STREET	MIAMI FL
RS	Otilia Poltarack	8375 SW 16TH STREET	MIAMI FL
Corresponding Sec.	Virginia Valdor Espinosa		

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Nilda Gomez	President	8360 SW 29th St	Miami 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st V.P.	Valerie Vaniga	12010 SW 39th Terr	Miami, FL 33175	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd VP	Gonzalo Paez	10120 SW 139th Terr	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Lou E Rodriguez	8331 SW 14th St	Miami, FL 33144	<input type="checkbox"/>	<input type="checkbox"/>
Recording Sec	Maite Medina	13543 SW 39th Lane	Miami, FL 33175	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corr. Sec.	Janet A. Salinas	10631 SW 145 Ave	Miami, FL 33175	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

5-1-98 3052623550