

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90047 025 \*\*\*\*61.25

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1. Corporation Name

Everglades Elementary Endeavor Center  
Booster Club

Principal Place of Business

8375 SW 16th  
Miami, FL 33155

Mailing Address

8331 SW 14th  
Miami, FL 33144  
c/o Lou E. Mathis

2. Principal Place of Business

21 8375 SW 16th  
Suite, Apt. #, etc.

2a. Mailing Address

26 8331 SW 14th  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

8/30/94

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

City &amp; State

23 Miami

City &amp; State

28 Miami

Zip

24 33155

Country

25 USA

Zip

29 FL

Country

30 USA

9. Name and Address of Current Registered Agent

Maria A Guitian  
2550 Collins Ave  
# 604  
Miami Beach, FL  
P.O. Box  
144555  
Coral Gables  
FL 33134

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 *Lou E. Mathis*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres. Nilda Gomez ☐ DELETE

NAME 8360 SW 29th St  
STREET ADDRESS Miami, FL 33155  
CITY-ST-ZIP

TITLE 1st VP *Victor Yaniga* ☒ DELETE

NAME Gonzalo Perez  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 2nd VP *Gonzalo Perez* ☒ DELETE

NAME Victor Yaniga  
STREET ADDRESS 12010 SW 39th Terr  
CITY-ST-ZIP Miami, FL

TITLE Treas. Lou E. Rodriguez ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Recording Secretary Maite Merina ☐ DELETE

NAME 13593 SW 39th Lane  
STREET ADDRESS Miami, FL 33175  
CITY-ST-ZIP

TITLE Corresponding Secretary Janet Salinas ☐ DELETE

NAME 7575 SW 129th place  
STREET ADDRESS Miami, FL 33175  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE 1st VP ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE *Lou E. Mathis* ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Treas. ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *Lou E. Mathis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)