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

DOCUMENT # N 94000004274			
1. Fromporation Name Everglades Elementary Endeavor	- Center	1:2	
everglades Claritation (City		- 3 8 8 1 1	t b :=
Booster Club		580110-90011-1	,
Principal Place of Business Mailing Address	. •]	
8375 SW 16St 8331 SW			
miami, Pl 33155 Miami, Fl	33144	1	
	Mathis	ŧ 	
2. Principal Place of Business 2a. Mailing Address		3. Date Incorporated or Qualifed	
21 8375 SW 16 St 28 8331 SW	<u> 1484</u>	8/30/94	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		4. FEI Nümber (05 - 05+ 1801	Applied For Not Applicable
City & State City & State			\$8.75 Additional
23 Miani 28 Mianu		5. Certificate of Status Desired	Fee Required
Zip Country Zip	Country	6: Election Campaign Financing	\$5:00 May Be
24 33/55 25 USA 29 - 3 9. Name and Address of Current Registered Agent	<u>σμς Α</u>	Trust Fund Contribution 10. Name and Address of New Registered A	Added to Fees
<u> </u>	81 Name	10. Identile mid hingrand of the Mediatered N	
Maria A Guitian POBOX	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
2550 COllins Ave / 1111/20]	SS (P.O. BOX NUMBER IS NOT ACCEPTABLE)	
Wiemi Beach Fl Coral Gable	20 83		
Miami Beach, FI/ Co. 33134	84 City		85 Zip Code
1 L1. JJ. J		FL	<u> </u>
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familier with, and accept the objections of. Section 617.503, Florid	horized by the corporation	ration submits this statement for the purpose of c it's board of directors. I hereby accept the appoint	ment as registered
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SIGNATURE SPOLLE MORE TO 0;	_	Marie (months)	
SGNATURE COLLEGE AND OS	egistered Agent signature required t	when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
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I nereby 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 chapted, or on an attachment with an address, with all other like empowered. SIGNATURE: