

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Nov 04 1996 8:00 am
Secretary of State

DOCUMENT # N94000006088 (8)

1. Corporation Name

CONCERNED CITIZENS OF SOUTH DADE, INC.

Principal Place of Business

65 NW 16TH ST
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 824446
PRINCETON FL 33082-4446
US

300001977849--B
-10/16/96--01126--002
*****61.25 *****61.25

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
08/10/1995

4. FEI Number

65-0586825

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 125 NE 8 Street

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #6

27 City & State

23 City & State
Homestead, FL

28 Zip

Country

24 Zip
33030

Country

25 Dade

29 Zip

Country

9. Name and Address of Current Registered Agent

LOSNER, STEVEN D
65 NW 16TH ST
HOMESTEAD FL 33030

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

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 C / D ☐ DELETE

NAME SPAULDING, CHRIS B.
STREET ADDRESS 27805 SW 164TH CT
CITY-ST-ZIP HOMESTEAD FL

TITLE T / D ☐ DELETE

NAME VENTIMIGLIA, DEBRA E.
STREET ADDRESS 27805 SW 164TH COURT
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☒ DELETE

NAME JONES, T.R.
STREET ADDRESS 65 NW 16TH ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE S / D ☐ DELETE

NAME BETANCOURT, NINA
STREET ADDRESS 65 NW 16TH ST
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☒ DELETE

NAME JENSEN, ROBERT
STREET ADDRESS 65 NW 16 ST
CITY-ST-ZIP HOMESTEAD FL

TITLE D ☐ DELETE

NAME SYKES, JOHN
STREET ADDRESS 65 NW 16 ST
CITY-ST-ZIP HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS B. SPAULDING

6/20/96

Daytime Phone #

305 246 2100

0006577

CR2E037 (3/96)

September 30, 1006

To: Florida Department of State
Tallahassee, Florida

From: Concerned Citizens of South Dade, Inc.
P.O. Box 924446
Princeton, FL 33092-4446

RE: Corporation Annual Report

To Whom It May Concern,

Please be advised that I just received the request for corrections to the annual report for Concerned Citizens.

I have today made the necessary changes/ correction after a vote by our board of directors.

Kindly accept this correction without the late fee. It appears that the report was lost in the mail for the past two months.

Thank you,

Chris Spaulding
Chairman
CCOSD

