

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 FEB 29 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N95000001094 (0)

1. Corporation Name

MAKE A CHANGE, INC.

Principal Place of Business

15003 S. RIVER DRIVE  
MIAMI FL 33167

Mailing Address

15003 S. RIVER DRIVE  
MIAMI FL 33167.

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

1/26/96

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0565085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

81 Name

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

83

84 City

300001729913

03/04/96-01003-021

\*\*\*\*\*61.25 \*\*\*\*\*  
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 P ☐ DELETE  
NAME RAGIN, GLORIA  
STREET ADDRESS 15003 S. RIVER DRIVE  
CITY-ST-ZIP MIAMI FL 33167

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/F/D ☒ Change ☐ Addition  
1.2 NAME RAGIN, GLORIA  
1.3 STREET ADDRESS 15003 S. RIVER DRIVE  
1.4 CITY-ST-ZIP MIAMI, FL 33167

2.1 TITLE P/C/E/O ☐ Change ☒ Addition  
2.2 NAME BOONE, INEZ  
2.3 STREET ADDRESS 15003 S. RIVER DRIVE  
2.4 CITY-ST-ZIP MIAMI, FL 33167

3.1 TITLE V/P/O ☒ Change ☐ Addition  
3.2 NAME RICHARDSON, REV. T.W.  
3.3 STREET ADDRESS 15003 S. RIVER DRIVE  
3.4 CITY-ST-ZIP MIAMI, FL 33167

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME BROOKS, VALLERY.D  
4.3 STREET ADDRESS 15003 S RIVER DRIVE  
4.4 CITY-ST-ZIP MIAMI, FL 33167

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME JONES, GLORIA  
5.3 STREET ADDRESS 15003 S. RIVER DRIVE  
5.4 CITY-ST-ZIP MIAMI, FL 33167

6.1 TITLE S/T ☐ Change ☒ Addition  
6.2 NAME DONALDS, YVONNE H.  
6.3 STREET ADDRESS 15003 S. RIVER DRIVE  
6.4 CITY-ST-ZIP MIAMI, FL 33167

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA RAGIN

1/27/96

Date

(305) 688-2881

Daytime Phone #

CR2E037 (12/95)