FILE NOW: FILING FEE IS \$61.2 NONPROFIT FLORIDA DEPARTME F STATE CORPORATION Sandra B. M ANNUAL REPORT Secretary of 1996 DIVISION OF CORI TIONS DOCUMENT # N9500001786 (1) JUVENILE RESTORATION COUNCIL DADE INC. Principal Place of Business Mailing Address 9415 NW 17TH AVE 9415 NW 17TH AVE MIAMI FL 33147 MIAMI FL 33147 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEJ Number Applied For 26 65-0571809 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYES, JIMMIE L Street Address (P.O. Box Number is Not Acceptable) 82 9415 NW 17TH AVE MIAMI FL 33147 83 84 City 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95) THIE Executive Director DELETE 1.1 TITLE Education Advisor Director Change NAME Jimmie Hages 1015 N.W. 45 55 Stret #203 Miami, 41. 33147 DR. Johnny Mckinney 18825 M.W. 8342 Court 1.2 NAME CR2E037 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIF 1.4 CITY - ST - ZIP MIAM, - FLOEIGA TITLE Program Director DELETE 21 TITLE Change Addition NAME Bernard Crumbly 22 NAME STREET ADDRESS 4230 S.W. 27th street Holly Wood, FL. 33023 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE Public Relations Director 31 TITLE ☐ Change Addition NAME Bam Holloman 9415 N.W. 17 th Avenue Maministrative Director 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 34. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition JANICE SULLIVAY 865 NW. 155 TLANE APT 203 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS MIAM: Florida 33169 CITY-S1-ZIP 4.4 CITY - ST - ZIP TITLE DASTOR DELETE 51 TILLE ☐ Change Addition NAME Alamda musgrove 5.2 NAME STREET ADDRESS 1146 MW 104 STREET 5.3 STREET ADDRESS MIAMI , FIA - 33150 CITY-ST-ZIP 5 4 CITY - ST - ZIP Charotian Education Derretor DELETE TITLE 61 TITLE NAME STREET ADDRESS G17 N. W. 173 TERE 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 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. Change

4-28-96 693-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: