

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002446 (1)**

1. Corporation Name

SOUTH MIAMI ALLIANCE FOR YOUTH, INC.

Principal Place of Business

6130 SUNSET DRIVE
6030 SW 62 PLACE
SOUTH MIAMI FL 33143

Mailing Address

PO Box 432614
6030 SW 62 PLACE
SOUTH MIAMI FL 33143



3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0612401

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRELL, DAISY
6030 SW 62 PLACE
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

ROXANNE SCALIA

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

6425 SW 63 COURT

83

21

84 City

S. MIAMI

FL

85 Zip Code

33143

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]

4-15-98

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	<input checked="" type="checkbox"/> DELETE
NAME	HARRELL, DAISY	
STREET ADDRESS	% 6030 S.W. 62 PLACE	
CITY - ST - ZIP	SOUTH MIAMI FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, JOSEPH	
STREET ADDRESS	6221 SW 63 COURT	
CITY - ST - ZIP	SOUTH MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'MALLEY, KAREN	
STREET ADDRESS	6644 SW 61 STREET	
CITY - ST - ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUPREE, ANNA	
STREET ADDRESS	6521 SW 62 CT	
CITY - ST - ZIP	SOUTH MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, MARK	
STREET ADDRESS	% 6030 SW 62 PL	
CITY - ST - ZIP	SOUTH MIAMI FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BASU, SUBRATA	
STREET ADDRESS	% 6030 S.W. 62 PLACE	
CITY - ST - ZIP	SOUTH MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROXANNE SCALIA	
1.3 STREET ADDRESS	6425 SW 63 COURT	
1.4 CITY - ST - ZIP	S. MIAMI FL 33143	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL KING JR.	
2.3 STREET ADDRESS	5930 SW 58 TERR	
2.4 CITY - ST - ZIP	S. MIAMI FL 33143	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUSAN REDDING	
4.3 STREET ADDRESS	7930 SW 58 COURT	
4.4 CITY - ST - ZIP	S. MIAMI FL 33143	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE:

[Signature]

4-14-98 305-661-7316

CR2E037 (10/97)