

# 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

**DOCUMENT # N95000002542 (7)**

1. Corporation Name

**MIAMI CHILDREN CENTINNEL PROJECT INC.**



Principal Place of Business

**633 NE 167 ST., SUITE 815  
MIAMI FL 33162**

Mailing Address

**633 NE 167 ST., SUITE 815  
MIAMI FL 33162**

3. Date Incorporated or Qualified

**05/24/1995**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0583215**

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

**OGUGUA, CHARLES  
633 NE 167 ST., SUITE 815  
MIAMI FL 33162**

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

*Charles Ogugua*  
Signature typed or printed name of registered agent and title if applicable.

**CHARLES OGUGUA**

(NOTE: Registered Agent signature required when reinstating.)

**4-29-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **OGUGUA, CHARLES**  
STREET ADDRESS **496 NW 165 ST. RD., #512**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☒ DELETE  
NAME **HUSLIN, JUDITH**  
STREET ADDRESS **12608 WEST GULF DRIVE**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☒ DELETE  
NAME **BRODEN, HENRY**  
STREET ADDRESS **10800 SW 165 ST.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **CHAIRPERSON** ☐ Change ☒ Addition  
1.2 NAME **NORA SWAN**  
1.3 STREET ADDRESS **900 BAYDRIVE # 727**  
1.4 CITY-ST-ZIP **MIAMI BEACH FL 33141**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **SHANTEL BANATTY**  
2.3 STREET ADDRESS **943 NE 125 ST.**  
2.4 CITY-ST-ZIP **NORTH MIAMI FL 33161**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
3.2 NAME **TALITA BABL**  
3.3 STREET ADDRESS **8101 SW 136 ST.**  
3.4 CITY-ST-ZIP **MIAMI FL 33156**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
4.2 NAME **MIKE McDEAMID**  
4.3 STREET ADDRESS **13300 MEMORIAL HWY.**  
4.4 CITY-ST-ZIP **NORTH MIAMI FL 33161**

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 if changed, or on an attachment with an address.

SIGNATURE:

*Charles Ogugua*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OGUGUA 4-29-96 305-999-3355**  
Date Daytime Phone #

CR2E037 (12/95)