

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 040 ****70.00

DOCUMENT # N95000002542

1. Corporation Name

MIAMI CHILDREN CENTINNEL PROJECT INC.

Principal Place of Business

13250 NW 28 AVE
OPA LOCKA FL 33054
US

Mailing Address

13250 NW 28 AVE
OPA LOCKA FL 33054
US

6 8 9 8 9 7 - 9 0 0 1 3 - 4 0 7 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

65-0583215

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

9. Name and Address of Current Registered Agent

OGUGUA, CHARLES
13250 NW 28 AVE
OPA LOCKA FL 33054

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

8/23/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME OGUGUA, CHARLES
STREET ADDRESS 6155 NW 186 ST #208
CITY-ST-ZIP MIAMI FL 33054

TITLE D
NAME DONAWA, PATRICIA
STREET ADDRESS 2900 NW 183RD ST
CITY-ST-ZIP MIAMI FL 33169

TITLE D
NAME LEONARDO, MOSES
STREET ADDRESS 429 SW 136 PL
CITY-ST-ZIP MIAMI FL 33184

TITLE D
NAME DUFFY, MAUREEN
STREET ADDRESS 11300 NE ND AVE
CITY-ST-ZIP MIAMI SHORES FL 33161

TITLE D
NAME GARRIDO, ROSARIO
STREET ADDRESS 2240 NE 123RD STREET
CITY-ST-ZIP MIAMI FL 33181

TITLE D
NAME MCDEAMID, MIKE
STREET ADDRESS 13300 MEMORIAL HWY
CITY-ST-ZIP N MIAMI FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Rev. Fr Gregory Njoku
1.3 STREET ADDRESS 13401 NW 28 AVENUE
1.4 CITY-ST-ZIP OPA-LOCKA - FLORIDA 33054

2.1 TITLE D
2.2 NAME MATTIE MARSHALL
2.3 STREET ADDRESS 13380 NW 28 AVENUE
2.4 CITY-ST-ZIP OPA-LOCKA FL 33054

3.1 TITLE D
3.2 NAME MARTIN UGWU
3.3 STREET ADDRESS 1801 NE 140 ST
3.4 CITY-ST-ZIP MIAMI FL 33181

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE

8/23/99

305-769-7680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002747

CR2E037 (5/99)