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FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003011 (2)**

1. Corporation Name

**JMC BUSINESS & YOUTH TRAINING CORPORATION**

Principal Place of Business

Mailing Address

**2895 WEST SUNRISE BLVD. STE. 104  
FT. LAUDERDALE FL 33311**

**2895 WEST SUNRISE BLVD. STE. 104  
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

**06/23/1995**

4. FEI Number

**65-0592736**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

City & State

City & State

23

28

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**WILLIAM, VERDIE M  
2895 WEST SUNRISE BLVD., STE. 104  
FT. LAUDERDALE FL 33311**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **BEASLEY-WILLIAMS, VERDIE**  
STREET ADDRESS **4820 NW 18TH STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **WILLIAMS, JOHN L**  
STREET ADDRESS **4820 NW 18TH STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **BEASLEY, JAMES**  
STREET ADDRESS **2471 NW 18TH COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Verdine Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/98**

Date

**(954) 791-1701**

Daytime Phone # 0034805

CR2E037 (10/97)