

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 # N95000003578 (0)

1. Corporation Name

DISTRICT VII COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

**7515 N.W. 88 AVE.
TAMARAC FL 33321**

**7515 N.W. 88 AVE.
TAMARAC FL 33321**

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0600448

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

10. Name and Address of New Registered Agent

**STROKER, GEORGE L
7515 N.W. 88 AVE.
TAMARAC FL 33321**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
ANDERSON, BERT**
STREET ADDRESS **4420 N.W. 59TH CT.**
CITY - ST - ZIP **FT. LAUDERDALE FL 33319**

TITLE ☐ DELETE

NAME **D
AQUILINA, ELLEN**
STREET ADDRESS **6848 N. UNIVERSITY DR.**
CITY - ST - ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME **D
FARLEY, JOHN**
STREET ADDRESS **7400 ASHMON CT.**
CITY - ST - ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME **D
GOLDSTEIN, MICHAEL**
STREET ADDRESS **7515 N.W. 85TH AVE.**
CITY - ST - ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME **D
HIRSCHBEIN, JACK**
STREET ADDRESS **7658 FAIRFAX DRIVE, BLDG 1**
CITY - ST - ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME **D
JAMES, BERNARD**
STREET ADDRESS **9953 N. BELFORT CIR.**
CITY - ST - ZIP **TAMARAC FL 33321**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERTIL D. ANDERSON

Feb. 13, 1996

Date

972-5797

Daytime Phone #

CR2E037 (12/95)