

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # **N95000004902 (1)**

1. Corporation Name

G. HOLMES BRADDOCK FINE ARTS BOOSTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3601 SW 147TH AVENUE
MIAMI FL 33175**

**3601 SW 147TH AVENUE
MIAMI FL 33175**



3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0213049

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

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

10. Name and Address of New Registered Agent

**WILLIAMS, KATHY
3631 SW 126TH AVENUE
MIAMI FL 33175**

81 Name

Evaelis De Leon

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

2301 S.W. 139 Place

83

84 City **Miami**

FL

85 Zip Code **33175**

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 *Evaelis De Leon*
Signature, typed or printed name of registered agent and title if applicable

Evaelis De Leon - Treasurer

4/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANTINO, TOM	
STREET ADDRESS	3601 SW 14TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rivero, Erich	
1.3 STREET ADDRESS	3601 SW 147 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33185	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COBIA, MAYRA	
STREET ADDRESS	3601 SW 147TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	

2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cobia, Mayra	
2.3 STREET ADDRESS	3601 S.W. 147 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33175	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALVAREZ, LUIS	
STREET ADDRESS	11823 SW 34 ST	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alvarez, Luis	
3.3 STREET ADDRESS	11823 S.W. 34 Street	
3.4 CITY-ST-ZIP	Miami, FL 33175	

TITLE	P	<input type="checkbox"/> DELETE
NAME	POL, ONDINA M	
STREET ADDRESS	3470 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pol, Ondina	
4.3 STREET ADDRESS	3470 S.W. 142 Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33175	

TITLE	S	<input type="checkbox"/> DELETE
NAME	VARELA, NANCY	
STREET ADDRESS	3242 SW 139 PL	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Varela, Nancy	
5.3 STREET ADDRESS	3242 S.W. 139 Place	
5.4 CITY-ST-ZIP	Miami, FL 33175	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, KATHY	
STREET ADDRESS	3631 SW 126TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	

6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Evaelis De Leon	
6.3 STREET ADDRESS	2301 S.W. 139 Place	
6.4 CITY-ST-ZIP	Miami, FL 33175	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Evaelis De Leon* **Evaelis De Leon - Treasurer**

4/28/98

CP2E037 (10/97)