## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

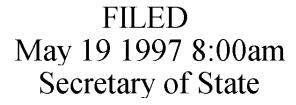
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N95000005911 (1)

SOUTHEAST DANIA COALITION OF CONCERNED CITIZENS, INC.





Principal Plac	ce of Business	Mailing Address						
1068 SE 6TH Dania FL 330		1068 SE 6TH AVE. Dania Fl. 33004-5413						
				•	3. Date Incom 12/1	porated or Qualified 3/1995	3a. Date of Last I 04/28/19	Report <b>96</b>
2. Principal I	Place of Business	<b>⊢</b> •	2a. Mailing Address 26		4. FEI Number 65-0633667		<del></del>	pplied For ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc	).		5. Certificate	of Status Desired	\$8.75	Additional
City & Sta	1e	City & State				ampaign Financing		May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Coun	try		Contribution		to Fees
24	25	29	30	,	Florida Sta	oration has liability for i	intangible tax under i Yes 🕡 No	5. 199.032,
	9. Name and Address of Curre			<del></del>		d Address of New Re		
320 W.	RS & TAPPER, P.A. OCEAN BLVD. T FL 34994		1	Pe <sup>1</sup>	dress (P.O. Box Nu terson, ]	. Winston Imber is Not Accepted Bernard et Ave., 5th	sie) al Floor	Code
				For	rt Laude	rdale	FL	316
11. Pursuant	to the provisions of Sections 617.05 registered agent, or beth, in the Stal am familiar with, and accept the obti	502 and 617.1508, Florida 5	Statutes, the about	ove-named co	rporation submits t	his statement for the p	ourpose of changing	ts registered
agent. I	am familiar with sec accept the obli	gations of, Section 617.050	was autriorized 33, Florida Statu	tes.	Bliotra poard of dir	ectors, i hereby acces	or trie appointment as	i leðisiei en
SIGNATURE	7.11.1	ANDRE	W. Y. W	INSTON		4·	25.97	
	Signature tyled or printed name of registered a	F		Agent signature req	uired when reinstating)	VOLUNIOED TO OFFIC	DATE	DO 111 40
12.	PSD OFFICERS A	ND DIRECTORS  DELET	13. E 1,1 TITL		ADDITIONS	CHANGES TO OFFIC	Change	Addition
NAME Z	ETLING, JOHN D	occ.	1.2 NAA				L' Citaille	
STREET ADDRESS	1068 S.E. 6TH AVENUE			EET ADDRESS				
	DANIA FL 33004					i		
CITY-ST-ZIP TITLE	VD VD	DELET		/-ST-ZIP	<del> </del>		Change	Addition
NAME	HERRMAN, JOHN	<u> </u>	2.2 NAA	-				
STREET ADDRESS	545 S.E. 12TH STREET, #40	05		EET ADDRESS				
CITY - \$T - ZIP	DANIA FL 33004	••		Y-ST-ZIP				
TITLE	TD	☐ DELET					Change	Addition
NAME	LEVY, RUBEN		3.2 NAA	AE .				
STREET ADDRESS	4000 0 5 5714 41 571117		3.3 STA	EET ADDRESS				
CITY - S1 - ZIP	DANIA FL 33004		3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELET			·		Change	Addition
NAME			4. 2 NAI	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS			1	
CITY - ST - ZIP				(-ST-ZIP				
TITLE		DELET	E 5.1 TITL	E			☐ Change	☐ Addition
NAME			5.2 NAN	AE				
STREET ADDRESS			5.3 \$TR	EET ADDRESS				
CITY - \$1 - ZIP				(-\$T-ZIP				
TITLE		☐ DELET	E 6.1 TITL	E		-	☐ Change	☐ Addition
NAME			6.2 NAA	AE				
STREET ADDRESS			6.3 STA	eet address				
CITY - ST - ZIP				-ST-ZIP				
14 Laio here	shy certify that the information suppli	ied with this filing does not	auglifu for the e	verantion state	ed in Section 119 f	17(3)(i) Elorida Statuta	<ul> <li>I further nertify the</li> </ul>	t 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 open attachment with an address.

954.925 - 5925