

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**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90006 031 \*\*\*\*61.25

**DOCUMENT # N96000001457**

Corporation Name

**ADDRESSING CRISES AND TENSION IN OUR NEIGHBORHOODS, INC.**

Principal Place of Business

7211 N.W. 22ND AVE.  
MIAMI FL 33056

Mailing Address

17211 NW 22ND AVE  
MIAMI FL 33056

6 613483-90006-31 3 \*



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0759776</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		30	

9. Name and Address of Current Registered Agent

**SWEET, EDDIE L**  
**17211 NW 22ND AVE**  
**MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

I. 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	
LE PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME BOSTIC, ALEXANDER JR	1.2 NAME		
REET ADDRESS 17211 NW 22ND AVE	1.3 STREET ADDRESS		
Y-ST-ZIP MIAMI FL 33056	1.4 CITY-ST-ZIP	<b>TD</b>	
LE V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME COLEMAN, CHARLES	2.2 NAME	<b>KELLY WILSON</b>	
REET ADDRESS 856 NW 74TH STREET	2.3 STREET ADDRESS	<b>3961 N.W. 168th TERR.</b>	
Y-ST-ZIP MIAMI FL 33150	2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33055</b>	
LE T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME SWEET, EDDIE L	3.2 NAME		
REET ADDRESS 4330 NW 173RD DRIVE	3.3 STREET ADDRESS		
Y-ST-ZIP MIAMI FL 33055	3.4 CITY-ST-ZIP		
LE S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME HARTLEY, JACQUELINE	4.2 NAME		
REET ADDRESS 1825 NW 15TH STREET	4.3 STREET ADDRESS		
Y-ST-ZIP MIAMI FL 33054	4.4 CITY-ST-ZIP		
LE D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME NEWELL, DANNY R	5.2 NAME		
REET ADDRESS 6346 NW 170TH TERR	5.3 STREET ADDRESS		
Y-ST-ZIP MIAMI FL 33056	5.4 CITY-ST-ZIP		
LE D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ME BROWN, ROGER	6.2 NAME		
REET ADDRESS 1900 SAN SOUCI BLVD	6.3 STREET ADDRESS		
Y-ST-ZIP N.MIAMI FL 33181	6.4 CITY-ST-ZIP		

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 of Registered Agent**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/99** **(315) 624-8710**  
Date Daytime Phone #

CR2E037 (5/99)