


FILE NOW: FILING FEE IS \$61.25

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97 SEP -4 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001579 (9)**

1. Corporation Name

SOUTH DADE COMMUNITY MEN'S CLUB, INC.

Principal Place of Business

Mailing Address

**18214 HOMESTEAD AVENUE
PERRINE FL 33157**

**18214 HOMESTEAD AVENUE
PERRINE FL 33157-5532**

3. Date Incorporated or Qualified
03/21/1996

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**

4. FEI Number

650709784

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, OTIS
18214 HOMESTEAD AVENUE
PERRINE FL 33157**

81 Name

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

83 **300002285023--1**

84 City **-09704797-01081 zip 33157**
*******70,00 FL *****70,00**

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Oris Armstrong**
1.3 STREET ADDRESS **18214 Homestead Ave.**
1.4 CITY-ST-ZIP **Perrine, FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **M James Garner**
2.3 STREET ADDRESS **10397 S.W. 173 St.**
2.4 CITY-ST-ZIP **Perrine, FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Dwayne Reed**
3.3 STREET ADDRESS **10940 S.W. 186 St**
3.4 CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Joseph B. Jackson**
4.3 STREET ADDRESS **10369 SW 173 St**
4.4 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Oris Armstrong

7/6/97

(605) 435-1293

CR2E037 (9/96)