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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003030 (1)

1. Corporation Name

BASS DILLARD NEIGHBORHOOD ISSUES AND PREVENTION,  
INC.

Principal Place of Business

Mailing Address

1750 NW 24TH TERRACE  
FT LAUDERDALE FL 33311

1750 NW 24TH TERRACE  
FT LAUDERDALE FL 33311-4518

FILED

97 MAY -8 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
06/06/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, LEOLA R  
1750 NW 24TH TERRACE  
FT LAUDERDALE FL 33311

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 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 D  
NAME MCCOY, LEOLA R  
STREET ADDRESS 1750 NW 24TH TERRACE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

TITLE D  
NAME PRIESTER, CLARA W  
STREET ADDRESS 1751 NW 25TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE D  
NAME RANDALL, ODESSA  
STREET ADDRESS 1109 NW 23 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE D  
NAME RANDALL, HERMAN  
STREET ADDRESS 1109 NW 23 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE D  
NAME STATEN, TOMASENA B  
STREET ADDRESS 1809 NW 25 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE D  
NAME STATEN, TOMASENA B  
STREET ADDRESS 1809 NW 25 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

☒ DELETE

Duplicate

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. REGISTER MAY 8 1997

Date Daytime Phone \* 0034656

CR2E037 (9/96)