

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003082 (2)**

1. Corporation Name

CALL TO ACTION: SOUTH FLORIDA, INCORPORATED



Principal Place of Business	Mailing Address
17071 SW 85 AVE. MIAMI FL 33157-4617	17071 SW 85 AVE. MIAMI FL 33157-4617

3. Date Incorporated or Qualified <b>06/10/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 <b>7825 CAMINO REAL</b>	26 <b>7825 CAMINO REAL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>J 312</b>	27 <b>J 312</b>
City & State	City & State
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>
Zip	Zip
24 <b>33143</b>	29 <b>33143</b>
Country	Country
25 <b>U.S.A.</b>	30 <b>USA</b>

4. FEI Number <b>650678885</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPRINGER, THOMAS**  
**7825 CAMINO REAL**  
**APT. J-312**  
**MIAMI FL 33143**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>THOMAS SPRINGER</b>
1.4 CITY - ST - ZIP	<b>7825 CAMINO REAL J 312</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VICE PRESIDENT</b>
2.3 STREET ADDRESS	<b>JOAN SHARAS</b>
2.4 CITY - ST - ZIP	<b>1270 NE 26 TER.</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY</b>
3.3 STREET ADDRESS	<b>JOSEPH SCHAUB</b>
3.4 CITY - ST - ZIP	<b>2200 SW 15 ST,</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TREASURER</b>
4.3 STREET ADDRESS	<b>SHIRLEY ADLER</b>
4.4 CITY - ST - ZIP	<b>924 SW 9 ST. CIR,</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>CAROL PECORARO</b>
5.4 CITY - ST - ZIP	<b>2007 BEDFORD DR</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DIRECTOR</b>
6.3 STREET ADDRESS	<b>JOSEPH KALWINSKI</b>
6.4 CITY - ST - ZIP	<b>13500 SW 6 PL</b>

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: **Thomas H. Springer** President **4/14/97** 305-2736258  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone # 0031278

CR2E037 (9/96)