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May 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000003082 (2)

1. Corporation Name

CALL TO ACTION: SOUTH FLORIDA, INCORPORATED



Principal Place of Business

Mailing Address

7825 CAMINO REAL  
J-312  
MIAMI FL 33143  
US

7825 CAMINO REAL  
J-312  
MIAMI FL 33143  
US

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0678885

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Po Box 674

22 City & State

27 Boca RATON FL

23 Zip Country

28 33429-0674 30 PALM BEACH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83 -05/01/98--01067--007

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SPRINGER, THOMAS  
STREET ADDRESS 7825 CAMINO REAL J-312  
CITY-ST-ZIP MIAMI FL

1.1 TITLE P  
1.2 NAME SHARAS JOAN  
1.3 STREET ADDRESS 1270 NE 26 TERR  
1.4 CITY-ST-ZIP POMPANO BCH FL 33062

TITLE VP  
NAME SHARAS, JOAN  
STREET ADDRESS 1270 NE 26TH TERR  
CITY-ST-ZIP POMPANO BCH FL

2.1 TITLE VP  
2.2 NAME ADLER SHIRLEY  
2.3 STREET ADDRESS 600 S. OCEAN BLVD # 1003  
2.4 CITY-ST-ZIP BOCA RATON FL 33432

TITLE S  
NAME SCHAUB, JOSEPH  
STREET ADDRESS 2200 SW 15TH CT  
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE S  
3.2 NAME SCHAUB JOSEPH  
3.3 STREET ADDRESS 2200 SW 15CT  
3.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D  
NAME RECORARO, CAROL  
STREET ADDRESS 2007 BEDFORD DR  
CITY-ST-ZIP PALM BCH GARDENS FL

4.1 TITLE T  
4.2 NAME SPRINGER, THOMAS  
4.3 STREET ADDRESS 7825 CAMINO REAL J312  
4.4 CITY-ST-ZIP MIAMI FL 33143

TITLE D  
NAME KALWINSKI, JOSEPH  
STREET ADDRESS 13500 SW 6 PL  
CITY-ST-ZIP DAVE FL

5.1 TITLE D  
5.2 NAME WOHL YOLANDA  
5.3 STREET ADDRESS 11135 SW 154 TERR.  
5.4 CITY-ST-ZIP MIAMI FL 33157

TITLE T  
NAME ADLER, SHIRLEY  
STREET ADDRESS 924 SW 9TH ST CIR  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE D  
6.2 NAME CHOMAS STEPHEN  
6.3 STREET ADDRESS 624 ANTIOCH AVE #1  
6.4 CITY-ST-ZIP FT LAUDERDALE FL 33304

14. 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.

SIGNATURE:

Thomas H. Springer

4/20/98 305 222 1200

CR2E037 (10/97)