

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

DOCUMENT # **N96000003438**

1. Corporation Name

**SOUTH DADE COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

13850 N.W. 26TH AVE.  
MIAMI FL 33054

Mailing Address

13850 N.W. 26TH AVE.  
MIAMI FL 33054

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90003 001 \*\*\*768.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/27/1996**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0772434**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMERITT, WENDELL**  
**13850 N.W. 26TH AVENUE**  
**MIAMI FL 33054**

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 **SVD** ☐ DELETE  
NAME **DEMERITT, WENDELL**  
STREET ADDRESS **2325 N.W. 136TH ST. APT. 240**  
CITY-ST-ZIP **MIAMI FL 33054**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **X**  
1.3 STREET ADDRESS **X**  
1.4 CITY-ST-ZIP **X**

TITLE **PD** ☐ DELETE  
NAME **DONALD, ROLLINS**  
STREET ADDRESS **3305 SEAMAN AVENUE**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE  
NAME **RICHARDSON, THOMAS**  
STREET ADDRESS **445 N.W. 28TH ST. APT. 206**  
CITY-ST-ZIP **MIAMI FL 33169**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **Sylvia Boks** ☐ DELETE  
NAME **2020 NW 135th St**  
STREET ADDRESS **miami fl 33167**  
CITY-ST-ZIP

4.1 TITLE **X** ☐ Change ☒ Addition  
4.2 NAME **X**  
4.3 STREET ADDRESS **X**  
4.4 CITY-ST-ZIP **X**

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/99 385 6172325

CR2E037 (5/99)