

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 26 1998 8:00am  
Secretary of State

DOCUMENT # N97000001040 (1)

1. Corporation Name

MEMBERS WHO MAKE A DIFFERENCE, CORP.

Principal Place of Business

Mailing Address

13875 N.W. 22 AVENUE, COMMUNITY ROOM #273  
OPALOCKA FL 33054

13875 N.W. 22ND AVE.  
COMMUNITY ROOM #273  
OPALOCKA FL 33054

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

same

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 PD ☐ DELETE  
NAME ROBINSON, VALERIE  
STREET ADDRESS 13875 N.W. 22 AVENUE, COMMUNITY ROOM #170  
CITY-ST-ZIP OPALOCKA FL 33054

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME ROBINSON, VALERIE  
1.3 STREET ADDRESS 13875 NW 22 Avenue, Community Room #273  
1.4 CITY-ST-ZIP OPALOCKA, FL 33054

TITLE VD ☐ DELETE  
NAME COOPER, DEIDRA  
STREET ADDRESS 13875 N.W. 22 AVENUE, COMMUNITY ROOM #170  
CITY-ST-ZIP OPALOCKA FL 33054

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME COOPER, DEIDRA  
2.3 STREET ADDRESS 13875 NW 22 Avenue, Community Room #273  
2.4 CITY-ST-ZIP Opalocka, FL 33054

TITLE SD ☐ DELETE  
NAME CARTER, SANDRA  
STREET ADDRESS 13875 N.W. 22 AVENUE, COMMUNITY ROOM #170  
CITY-ST-ZIP OPALOCKA FL 33054

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME CARTER, SANDRA  
3.3 STREET ADDRESS 13875 NW 22 Avenue, Community Room #273  
3.4 CITY-ST-ZIP OPALOCKA, FL 33054

TITLE TD ☐ DELETE  
NAME MITCHELL, JEANINE  
STREET ADDRESS 13875 N.W. 22 AVENUE, COMMUNITY ROOM #170  
CITY-ST-ZIP OPALOCKA FL 33054

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME MITCHELL, JEANNE  
4.3 STREET ADDRESS 13875 NW 22 Avenue, Community Room #273  
4.4 CITY-ST-ZIP OPALOCKA, FL 33054

TITLE D ☒ DELETE  
NAME MAULTSBY, CASSIE  
STREET ADDRESS 13875 N.W. 22 AVENUE, COMMUNITY ROOM #170  
CITY-ST-ZIP OPALOCKA FL 33054

5.1 TITLE PD ☒ Change ☐ Addition  
5.2 NAME JOHNSON, TERRY L  
5.3 STREET ADDRESS 13875 NW 22 Avenue, Community Room #273  
5.4 CITY-ST-ZIP OPALOCKA, FL 33054

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.

SIGNATURE:

Valerie Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/98

Date

Daytime Phone #

628-3161  
625-7762

0003989

CR2E037 (5/98)