FILED
Aug 26 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 # N97000001043 (5)

1. Corporation Name

MEMBERS THAT ARE CONCERNED CORP.

Principal Place of Business	Mailing Address
18451 N.W. 37 AVENUE. COMMUNITY ROOM #142 MIAMI FL 33075	18451 N.W. 37TH AVE. COMMUNITY ROOM #142 MIAMI FL 33056

3. Date Incorporated or Qualified
02/24/1997

4. FEI Number — Applied For — X Not Applicable

	2. Principal Place of Business		2a. Mailing Address
21	18451 NW 37 Ave,Comm Rm	26	18451 NW 37 Ave,Comm. RM.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	Apt #142	27	Apt #142
	City & State		City & State
23	Opa Locka, FL	28	Opa Locka, Fl
	Zip — Country		Zip — Country
24	33056 — 25 Dade	29	33056 — 30 Dade

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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	1.1 TITLE	☒ Change ☐ Addition
NAME **WILLIAMS, MARION**	1.2 NAME	
STREET ADDRESS **18451 N.W. 37 AVENUE, COMMUNITY ROOM #140**	1.3 STREET ADDRESS	18451 NW 37 Avenue,Community Room #142
CITY-ST-ZIP **MIAMI FL 33075**	1.4 CITY-ST-ZIP	Opalocka, Fl 33056
TITLE **SD** ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME **JACKSON, ERICA**	2.2 NAME	
STREET ADDRESS **18451 N.W. 37 AVENUE, COMMUNITY ROOM #140**	2.3 STREET ADDRESS	18451 NW 37 Avenue,Community Room #142
CITY-ST-ZIP **MIAMI FL 33075**	2.4 CITY-ST-ZIP	Opa Locka, Florida 33056
TITLE **VD** ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME **WELLS, RITA**	3.2 NAME	
STREET ADDRESS **18451 N.W. 37 AVENUE, COMMUNITY ROOM #140**	3.3 STREET ADDRESS	18451 NW 37 Avenue,Community Room #142
CITY-ST-ZIP **MIAMI FL 33075**	3.4 CITY-ST-ZIP	Opa Locka, Fl 33056
TITLE **TD** ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME **JACKSON, MARY**	4.2 NAME	
STREET ADDRESS **18451 N.W. 37 AVENUE, COMMUNITY ROOM #140**	4.3 STREET ADDRESS	18451 NW 37 Avenue,Community Roo, #142
CITY-ST-ZIP **MIAMI FL 33075**	4.4 CITY-ST-ZIP	OpaLocka, FL 33056
TITLE ☐ DELETE	5.1 TITLE **PD**	☐ Change ☒ Addition
NAME	5.2 NAME **Randall, Zandra**	
STREET ADDRESS	5.3 STREET ADDRESS **18451 NW 37 Avenue,COmmunity Room #142**	
CITY-ST-ZIP	5.4 CITY-ST-ZIP **OpaLocka, FL 33056**	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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: _Marion Williams_   Aug 6, 1998   305-622-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)