2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# N97000002576

Entity Name: MIAMI SHORES SAFER NEIGHBORHOODS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 530527
MIAMI SHORES, FL 33153

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530527
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 65-0754083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALT, ABBIE R
710 NE 126 ST.
N. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: ALICE BURCH,
Address: 710 NE 126 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: T ( ) Delete
Name: ABBIE R SALT,
Address: 710 NE 126 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: SD ( ) Delete
Name: JONES, RAY
Address: 710 NE 126 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: D ( ) Delete
Name: HUFF, COLLEEN
Address: 710 NE 126 ST.
City-St-Zip: N. MIAMI, FL 33161

Title: D ( ) Delete
Name: RENICK, CARMEN
Address: 710 NE 126 ST
City-St-Zip: N. MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBIE R. SALT T 03/01/2006

Electronic Signature of Signing Officer or Director — Date