

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002910 (4)

1. Corporation Name

TEEN CRIME & COMMUNITY PREVENTION ASSOCIATION IN  
C.

Principal Place of Business

Mailing Address

13821 N MIAMI AVENUE  
MIAMI FL 33169

13821 N MIAMI AVENUE  
MIAMI FL 33169

2. Principal Place of Business

21 22003 SW 100th Place  
MIAMI FLORIDA 33190

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

Zip

24 33190

Country

25 DADE

2a. Mailing Address

26 22003 SW 100th Place  
MIAMI FL 33190

Suite, Apt. #, etc.

City & State

28 MIAMI FLORIDA 3

Zip

29 33190

Country

30 DADE

9. Name and Address of Current Registered Agent

JONES, SUNSHINE  
16850 NO MIAMI AVENUE  
MIAMI FL 33169

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

65-0757605

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83 22003 SW 100th Place

84 City MIAMI

FL

85 Zip Code 33190

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 Sunshine Jones, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JONES, SUNSHINE  
STREET ADDRESS 13821 N MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33169

TITLE VD ☒ DELETE

NAME JONES, TELVAT  
STREET ADDRESS 16850 NORTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33169

TITLE TD ☐ DELETE

NAME DALEY, DEAN  
STREET ADDRESS 16314 SW 103 COURT  
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☐ DELETE

NAME CORDOVA, NELIDA Z  
STREET ADDRESS 10891 NW SEVENTH STREET APT. 14  
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME PHILLIPS, CHERYL  
STREET ADDRESS 2803 N OAKLAND FOREST DRIVE APT. 307  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D ☐ DELETE

NAME JONES, BRIDGETTE  
STREET ADDRESS 255 ALHAMBRA CIRCLE SUITE 330  
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Sunshine Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/98

DATE

305  
254-9671

Daytime Phone #

CR2E037 (5/98)