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FILED

Jun 18 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 # N97000003748 (7)

1. Corporation Name

SOUTH DADE FOOD AND RESOURCE COALITION, INC.



Principal Place of Business

Mailing Address

C/O DR EDWIN CORDERO, FIRST ASSEMBLY OF GOD  
824 W PALM DR  
FLORIDA CITY FL 33034

C/O DR EDWIN CORDERO, FIRST ASSEMBLY OF GOD  
824 W PALM DR  
FLORIDA CITY FL 33034

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-1928375

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

CORDERO, EDWIN  
C/O DR EDWIN CORDERO, FIRST ASSEMBLY OF GOD  
824 W PALM DR  
FLORIDA CITY FL 33034

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 D ☐ DELETE  
NAME CORDERO, EDWIN DR  
STREET ADDRESS FIRST ASSEMBLY OF GOD, 824 W PALM DR  
CITY-ST-ZIP FLORIDA CITY FL 33034

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME COLLIER, LILLIE  
STREET ADDRESS 10033 SW 204 ST  
CITY-ST-ZIP NARANJA FL 33032

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

TITLE D ☒ DELETE  
NAME PETERSON, CLAUDIA  
STREET ADDRESS 139 NE 15 ST  
CITY-ST-ZIP HOMESTEAD FL 33030

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TREASURER  
3.3 STREET ADDRESS LINDA FERRELL  
3.4 CITY-ST-ZIP 522 N.W. 6th AVE  
HOMESTEAD, FL. 33030

TITLE D ☒ DELETE  
NAME SHIPMAN, SANDRAL  
STREET ADDRESS 20062 SW 128TH AVE  
CITY-ST-ZIP NARANJA FL 33032

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SECRETARY  
4.3 STREET ADDRESS MAURICE VICTOR  
4.4 CITY-ST-ZIP 305 S. FINGER AVE.  
HOMESTEAD, FL. 33030

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.

SIGNATURE

*[Signature]*

6/3/98

(305) 348-0794

CR2E037 (10/97)