SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED AND FILED

99 AUG 23 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004465

1. Corporation Name

"JERICHO" INTER-FAITH MENTORING PROJECT OF BROWA RD COUNTY, INC.

Principal Place of Business	Mailing Address
20 NW 46TH AVE. PLANTATION FL 33317	20 NW 46TH AVE. PLANTATION FL 33317

[redacted]

07-19-99 90004 034 $61.25

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 08/04/1997

4. FEI Number: 65-0835456 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODGES, PERRY W JR ESQ 644 SOUTHEAST 4TH AVENUE FT. LAUDERDALE FL 33301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HINDS, WILLIAM L		1.2 NAME	John W. Fleming	
STREET ADDRESS	20 NORTHWEST 46TH AVENUE		1.3 STREET ADDRESS	20 NW 46 Avenue, Plantation FL 33317	
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, LENNOX		2.2 NAME		
STREET ADDRESS	2052 NORTHWEST 49TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKSON, PERCY		3.2 NAME		
STREET ADDRESS	5115 NORTHWEST 49TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COX, JAMES		4.2 NAME		
STREET ADDRESS	3601 DAVIE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, RICK		5.2 NAME		
STREET ADDRESS	4000 N STATE ROAD 7 SUITE 407		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ERIC H		6.2 NAME		
STREET ADDRESS	5541 SOUTHWEST 20TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Rick SIGNATURE REQUIRED 7/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #