

SECTION 119.07(3)(f), FLORIDA STATUTES, IF THE CORPORATION IS DISSOLVED OR REVOKED, THE 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 # N97000005439 (1)

1. Corporation Name

C. L. BROOKS, JR. COMMUNITY DEVELOPMENT INCORPORATED

Principal Place of Business

Mailing Address

3931 NW 177TH ST.  
OPA LOCKA FL 33055-3853

3931 NW 177TH ST.  
OPA LOCKA FL 33055-3853

FILED

98 OCT 19 AM 9:51

SECRETARY OF STATE



3. Date Incorporated or Qualified  
09/22/1997

4. FEI Number

65-0777431

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

9. Name and Address of Current Registered Agent

BROOKS, C. L. JR.  
3931 NW 177TH ST.  
OPA LOCKA FL 33055-3853

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

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

TITLE (T) ☒ DELETE

NAME MRS. BETTYE LEWIS  
STREET ADDRESS 17131 N.W. 44 COURT  
CITY-ST-ZIP OPA-LOCKA, FLORIDA 33055

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (T) ☐ Change ☒ Addition

1.2 NAME REVEREND T.G. WILLIAMS  
1.3 STREET ADDRESS 2075 N.W. 99TH TERRACE  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33147

2.1 TITLE (T) ☐ Change ☒ Addition

2.2 NAME MRS. H.B. GRIMSLEY  
2.3 STREET ADDRESS 19431 N.W. 39TH CT.  
2.4 CITY-ST-ZIP OPA-LOCKA, FLORIDA 33055

3.1 TITLE (T) ☐ Change ☒ Addition

3.2 NAME REVEREND L.T. WALTHOUR, JR.  
3.3 STREET ADDRESS 15000 N.W. 27TH AVENUE  
3.4 CITY-ST-ZIP OPA-LOCKA, FLORIDA 33055

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 500002677115-9  
5.3 STREET ADDRESS -10/30/98-01092-004  
5.4 CITY-ST-ZIP \*\*\*\*\*122.65 \*\*\*\*\*61.40

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)(f), 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:

Rev. C. L. Brooks, Jr. REQUIRED

9/7/98

(305) 624-7714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004028

CR2E037 (5/98)