04211999-90224-031-$61.25-$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90224 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000459

1. Corporation Name

JOE ROACH MINORITY JUNIOR GOLF FOUNDATION, INC.

Principal Place of Business	Mailing Address
3755 OAK AVENUE MIAMI FL 33133	3755 OAK AVENUE MIAMI FL 33133

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/26/1998

4. FEI Number: 650808289 ☐ 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

DELANCEY, JOSEPH L
3755 OAK AVENUE
MIAMI FL 33133

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 _____ 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	President / Director	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Dorothy Baker		1.2 NAME	
STREET ADDRESS	C/O 3755 Oak Avenue		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133		1.4 CITY-ST-ZIP	
TITLE	Vice President / Director	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	William Weaver		2.2 NAME	
STREET ADDRESS	C/O 3755 Oak Avenue		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133		2.4 CITY-ST-ZIP	
TITLE	Secretary / Director	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Arlene Sanders		3.2 NAME	
STREET ADDRESS	C/O 3755 Oak Avenue		3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133		3.4 CITY-ST-ZIP	
TITLE	Treasurer / Director	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Sabrina Baker-Bouie		4.2 NAME	
STREET ADDRESS	C/O 3755 Oak Avenue		4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Dorothy Baker 4-19-99 305 751-8648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #