

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 014 ****61.25

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07102006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0815097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GATLIN, CHARMAINE
16911 NE 6TH AVENUE
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charmaine Gatlin Executive Director 7-21-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BALDWIN, BILL	
STREET ADDRESS	8934 SW 81ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUCHANAN, BRAD	
STREET ADDRESS	6300 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	PECHON, BOB	
STREET ADDRESS	3005 COLORADO TERRACE	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, NAT	
STREET ADDRESS	4911 NE 6TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, WILLIE	
STREET ADDRESS	28801 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODE, RAY	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI, FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendall Beard	
STREET ADDRESS	16903 SW 79th Place	
CITY-ST-ZIP	Miami, FL 33157	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nat Moore Director 7/21/06 305-770-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #