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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90034 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003526

1. Corporation Name

THE LUCILLE N. SMILEY CHARITY FOUNDATION, INC.

Principal Place of Business

9231 LITTLE RIVER DR.
MIAMI FL 33147

Mailing Address

9231 LITTLE RIVER DR.
MIAMI FL 33147

3/1999 - 90020 - 40



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1998	
21		26		4. FEI Number 65-0876032	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28			
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent

WALKER, JIM
9300 LITTLE RIVER DR.
MIAMI FL 33147

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	P D	☒ DELETE	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	Lanita Smiley-Moss		1.2 NAME	Lanita Smiley-Moss	
STREET ADDRESS	9231 Little River Drive		1.3 STREET ADDRESS	9231 Little River Dr.	
CITY-ST-ZIP	Miami, FL 33147		1.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	V-P D	☒ DELETE	2.1 TITLE	V-P D	☐ Change ☒ Addition
NAME	Jim Walker		2.2 NAME	Jim Walker	
STREET ADDRESS	9300 Little River Drive		2.3 STREET ADDRESS	9300 Little River Dr.	
CITY-ST-ZIP	Miami, FL 33147		2.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	R-S	☒ DELETE	3.1 TITLE	R-S	☐ Change ☒ Addition
NAME	Keisha Robinson		3.2 NAME	Keisha Robinson	
STREET ADDRESS	9135 Little River Drive		3.3 STREET ADDRESS	9135 Little River Dr.	
CITY-ST-ZIP	Miami, FL 33147		3.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	C-S	☒ DELETE	4.1 TITLE	C-S	☐ Change ☒ Addition
NAME	Maria Millender		4.2 NAME	Maria Millender	
STREET ADDRESS	18646 NW 67 AVENUE		4.3 STREET ADDRESS	18646 NW 67 AVENUE	
CITY-ST-ZIP	Miami, FL 33015		4.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	T	☒ DELETE	5.1 TITLE	LEVON Smiley T-D	☐ Change ☒ Addition
NAME	Levon Smiley		5.2 NAME	Levon Smiley	
STREET ADDRESS	9231 Little River Drive		5.3 STREET ADDRESS	9231 Little River Dr.	
CITY-ST-ZIP	Miami, FL 33147		5.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	Pan	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	Maureen Bethel		6.2 NAME	Maureen Bethel	
STREET ADDRESS	16015 NW 28 Place		6.3 STREET ADDRESS	16015 NW 28 Place	
CITY-ST-ZIP	Miami, FL 33054		6.4 CITY-ST-ZIP	Miami, FL 33054	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99

305-693-4580

Date

Daytime Phone #

CR2E037 (1/98)