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**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90037 042 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000003586**

1. Corporation Name

**SOUTH FLORIDA COMMUNITY-URBAN RESOURCES PARTNERS  
HIP, INC.**

Principal Place of Business

USDA SERVICE CENTER  
6191 ORANGE DRIVE, RM. 6183Q  
DAVIE FL 33314

Mailing Address

USDA SERVICE CENTER  
6191 ORANGE DRIVE, RM. 6183Q  
DAVIE FL 33314



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/19/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**06-1535626**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SETTI, RUSSELL M  
USDA SERVICE CENTER  
6191 ORANGE DRIVE, RM. 6183Q  
DAVIE FL 33314**

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

*Russell M. Setti*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/18/99*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **SIEGEL, BOB**  
STREET ADDRESS **MAYOR'S OFFICE - CITY HALL**  
CITY-ST-ZIP **KEY COLONY BAY FL 33051-0022**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Douglass, Keith**  
1.3 STREET ADDRESS **113 Willlow Lane**  
1.4 CITY-ST-ZIP **Islamorada, FL 33036**

TITLE **D** ☒ DELETE  
NAME **MARCHNER, RUSS**  
STREET ADDRESS **7480 FAIRWAY DR., #206**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

2.1 TITLE **T** ☒ Change ☐ Addition  
2.2 NAME **Marchner, Russ**  
2.3 STREET ADDRESS **7480 Fairway Dr., #206**  
2.4 CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE **D** ☒ DELETE  
NAME **ODUM, MICHAEL**  
STREET ADDRESS **1700 N. AUSTRALIAN AVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

3.1 TITLE  ☐ Change ☒ Addition  
3.2 NAME **Mock, Terry**  
3.3 STREET ADDRESS **1283 Ranchette Road**  
3.4 CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **D** ☐ DELETE  
NAME **SIMPSON, GEORGE W**  
STREET ADDRESS **57443 GOODLEY ST.**  
CITY-ST-ZIP **MARATHON FL 33050**

4.1 TITLE  ☐ Change ☐ Addition  
4.2 NAME   
4.3 STREET ADDRESS   
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **SETTI, RUSSELL M**  
STREET ADDRESS **6191 ORANGE DR., RM 6183Q**  
CITY-ST-ZIP **DAVIE FL 33314**

5.1 TITLE **M** ☒ Change ☐ Addition  
5.2 NAME **Setti, Russell M.**  
5.3 STREET ADDRESS **6191 Orange Dr., Rm 6183Q**  
5.4 CITY-ST-ZIP **Davie, FL 33314**

TITLE **D** ☒ DELETE  
NAME **CRAWLY, PATRICIA**  
STREET ADDRESS **3600 COLLEGE AVE**  
CITY-ST-ZIP **DAVIE FL 33314**

6.1 TITLE  ☒ Change ☐ Addition  
6.2 NAME **Crawley, Patricia**  
6.3 STREET ADDRESS **3600 College Ave.**  
6.4 CITY-ST-ZIP **Davie, FL 33314**

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 of an attachment with an address, with all other like empowered.

SIGNATURE: *X*

*Russell M. Setti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/18/99* *305-743-8635*

*X/108*

0037717