2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N98000003800

Entity Name: ELIZABETH VIRRICK PARK COMMITTEE, INC.

Current Principal Place of Business:

3255 PLAZA STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3342 THOMAS AVENUE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0850164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAMBOUR, HILLARY
3931 PARK AVENUE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOHNSON, WILLIE	
Address:	3342 THOMAS AVENUE	
City-St-Zip:	MIAMI, FL 33133	
Title:	DV	( ) Delete
Name:	FALES, GORDON	
Address:	10305 SW 56 AVE	
City-St-Zip:	MIAMI, FL 33156	
Title:	DS	( ) Delete
Name:	MCDONALD, YVONNE	
Address:	3582 GRAND AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	JORDAN, SYLVIA	
Address:	3870 WASHINGTON AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	FORCHION, JOYCE	
Address:	3090 SW 37 AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	PLATT, ANNE	
Address:	4031 VENTURA AVE	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE J. JOHNSON PD 01/06/2006

Electronic Signature of Signing Officer or Director — Date