

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000006050

1. Corporation Name

WEST PERRINE COMMUNITY PLANNING ASSOCIATION, INC

Principal Place of Business

10235 SW 172ND STREET
MIAMI FL 33157

Mailing Address

10235 SW 172ND STREET
MIAMI FL 33157

FILED

99 OCT 11 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/22/99 90003012 470.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/22/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0871338	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
USA		USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAMPKIN, MARTIN 10235 SW 172ND STREET MIAMI FL 33157				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

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	President	1.1 TITLE	Director
NAME	Martin Lampkin	1.2 NAME	Betty Harris
STREET ADDRESS	10235 SW 172nd St	1.3 STREET ADDRESS	10498 SW 170th
CITY-ST-ZIP	MIAMI, FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	1st Vice President	2.1 TITLE	Director
NAME	Allen Smiley	2.2 NAME	Nimrod Gordon
STREET ADDRESS	18000 SW 104ave	2.3 STREET ADDRESS	10220 SW 171st
CITY-ST-ZIP	MIAMI, FL 33157	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	2nd Vice President	3.1 TITLE	
NAME	Alphonso Bruton	3.2 NAME	
STREET ADDRESS	10410 SW 171st	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	3.4 CITY-ST-ZIP	
TITLE	Treasurer/Secretary	4.1 TITLE	Director
NAME	Marylin Gore	4.2 NAME	Jerome Bird
STREET ADDRESS	10200 SW 168st	4.3 STREET ADDRESS	10230 SW 176st
CITY-ST-ZIP	MIAMI, FL 33157	4.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	Director	5.1 TITLE	Director
NAME	Claudia Blake	5.2 NAME	Patrick Robinson
STREET ADDRESS	10230 SW 171st	5.3 STREET ADDRESS	10382 SW 172st
CITY-ST-ZIP	MIAMI, FL 33157	5.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	Director	6.1 TITLE	Director
NAME	Rebecca Vega	6.2 NAME	Bishop Joseph Ingraham
STREET ADDRESS	10025 Western St	6.3 STREET ADDRESS	10260 SW 171st
CITY-ST-ZIP	MIAMI, FL 33157	6.4 CITY-ST-ZIP	MIAMI, FL 33157

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

Martin Lampkin 9/18/99 (205) 493-1866

CR2E037 (5/99)