

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90195 018 ****61.25

0001039

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000007099

1. Corporation Name

SOUTH FLORIDA'S FATHERS FOR EQUAL RIGHTS, INC.

Principal Place of Business

20849 NW 9 CT., #108
NORTH MIAMI FL 33169

Mailing Address

20849 NW 9 CT., #108
NORTH MIAMI FL 33169



2. Principal Place of Business

21 **19050 NW 57th Ave**

Suite, Apt. #, etc.

22 **Suite # 102**

City & State

23 **MIAMI LAKES, FLA.**

Zip

24 **33015**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified:

12/14/1998

4. FEI Number

65-0881971

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, DIEDRELAITHEA S
20849 NW 9 CT., #108
NORTH MIAMI FL 33169

10. Name and Address of New Registered Agent

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, of 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]

1/20/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☒ DELETE
NAME **HARDELY, MONIQUE**
STREET ADDRESS **20849 NW 9 CT., #108**
CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE **D** ☐ DELETE
NAME **ROBBINS, ANTHONY L**
STREET ADDRESS **20849 NW 9 CT., #108**
CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE **D** ☐ DELETE
NAME **WILSON, ROWENA G**
STREET ADDRESS **20849 NW 9 CT., #108**
CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE **D** ☐ DELETE
NAME **ROBBINS, DIEDRE S**
STREET ADDRESS **20849 NW 9 CT., #108**
CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☒ Change ☒ Addition
1.2 NAME **Tonya-Buffington**
1.3 STREET ADDRESS **20849 NW 9th CT. #108**
1.4 CITY-ST-ZIP **NORTH MIAMI, FLA. 33169**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **C Wilson, Rowena G.**
3.3 STREET ADDRESS **20849 NW 9th CT. #108**
3.4 CITY-ST-ZIP **NORTH MIAMI, FLA. 33169**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **M Robbins, Diedrelaithea S**
4.3 STREET ADDRESS **20849 NW 9th CT. #108**
4.4 CITY-ST-ZIP **NORTH MIAMI, FLA. 33169**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T Robbins, Sean M**
5.3 STREET ADDRESS **18422 NW 23rd CT.**
5.4 CITY-ST-ZIP **MIAMI, FLA. 33156**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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] **Anthony Robbins (D)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

855-624-7973

Date

Daytime Phone #

CR2E037 (1/98)