

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

|                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N99000002887                                 |  |
| 1. Entity Name<br>THE CAROL CITY COMMUNITY CENTER, INC. |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>1 SE 3RD AVENUE, #2100<br>MIAMI, FL 33131 | Mailing Address<br>1 SE 3RD AVENUE, #2100<br>MIAMI, FL 33131 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0934754 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

**6. Name and Address of Current Registered Agent**

BRUNSON, ANTHONY  
1 SE 3RD AVENUE, #2100  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000165452

07/19/04-80005-007 \$1.25

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                               |
|------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, THOMAS H JR<br>150 W FLAGLER ST., STE. 1450<br>MIAMI, FL 33130 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>BRUNSON, ANTHONY<br>1 SOUTHEAST 3RD AVE., STE. 2100<br>MIAMI, FL 33131  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, THOMASINA<br>80 SW 8TH STREET, SUITE 1830<br>MIAMI, FL 33130   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DUFFIE, ALBERT<br>1 SE 3RD AVENUE, #2100<br>MIAMI, FL 33131              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLSON, DEAN<br>1 SE 3RD AVENUE, #2100<br>MIAMI, FL 33131                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GARVIN, THOMAS<br>1 SE 3RD AVENUE, #2100<br>MIAMI, FL 33131              |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has 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 Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ANTHONY BRUNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-16-04 305-374-1974