

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003941

FILED
Apr 07, 2009
Secretary of State

Entity Name: 79TH STREET CORRIDOR NEIGHBORHOOD INITIATIVE, INC.

Current Principal Place of Business:

8500 NW 25TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

7900 NW 27TH AVENUE
SUITE 236
MIAMI, FL 33147

Current Mailing Address:

8500 NW 25TH AVE.
MIAMI, FL 33147

New Mailing Address:

7900 NW 27TH AVENUE
SUITE 236
MIAMI, FL 33147

FEI Number: 65-0963964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, JOHN
3000 BISCAYNE BLVD
SUITE 500
MIAMI, FL 33137 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: D () Delete
Name: GROSS, OLIVER
Address: 8500 NW 25TH AVE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SHANK, ARDEN
Address: 181 NE 82ND STREET
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: WILLIAMS, LILLIE
Address: 105 SE 12TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: KEMP, RODERICK
Address: 3275 NW 79TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: WILLIS, JAOQUIN
Address: 6001 NW 8 AVE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: NICHSON, DORETHA
Address: 2190 NW 135 STREET
City-St-Zip: MIAMI, FL 33167

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 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: RON BUTLER

DIR

04/07/2009

Electronic Signature of Signing Officer or Director

Date