2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 702496

1. Entity Name

DADE COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2200 BISCAYNE BLVD MIAMI FL 33137	2200 BISCAYNE BLVD MIAMI FL 33137

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-0661561 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STURRUP, PAMELA D
2200 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL Zip Code

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 Pamela J. Sturrup — March 1, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARONOWITZ, KAREN		NAME		
STREET ADDRESS	2200 BISCAYNE BLVD		STREET ADDRESS	000000455347	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP	03/15/06--00055 006 70.00	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEICHNER, ARTIE		NAME		
STREET ADDRESS	2200 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STURRUP, PAMELA		NAME		
STREET ADDRESS	2200 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.