# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2007 8:00 am**
**Secretary of State**
03-19-2007 90069 013 ****70.00

DOCUMENT # 702496

1. Entity Name
DADE COUNTY CLASSROOM TEACHERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2200 BISCAYNE BLVD<br>MIAMI, FL 33137 | 2200 BISCAYNE BLVD<br>MIAMI, FL 33137 |

03012007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 Fedrick Ingram
Street Address (P.O. Box Number is Not Acceptable)
2200 Biscayne Blvd.
City Miami **FL** Zip Code 33137

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 Fredrick C. Ingram 3/8/07 Fedrick Ingram, Secretary/Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ARONOWITZ, KAREN<br>2200 BISCAYNE BLVD<br>MIAMI, FL 33137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary Treasurer<br>Fedrick Ingram<br>2200 Biscayne Blvd, Miami FL 33137 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>LEICHNER, ARTIE<br>2200 BISCAYNE BLVD.<br>MIAMI, FL 33137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>STURRUP, PAMELA<br>2200 BISCAYNE BLVD<br>MIAMI, FL 33137 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** Karen Aronowitz Karen Aronowitz 305-854-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #