

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50007 (6)

1. Corporation Name

DADE COMMUNITY FOUNDATION, INC.



Principal Place of Business

Mailing Address

200 S BISCAYNE BLVD  
SUITE 2780  
MIAMI FL 33131  
US200 S BISCAYNE BLVD  
SUITE 2780  
MIAMI FL 33131-2310  
US3. Date Incorporated or Qualified  
07/23/19923a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0350357

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHACK, RUTH	
STREET ADDRESS	200 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIESHUE, HENRY	
1.3 STREET ADDRESS	200 S BISCAYNE BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, JORGE M	
STREET ADDRESS	2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUNSON, ANTHONY	
2.3 STREET ADDRESS	200 S BISCAYNE BLVD.	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ECONOMIDES, CHRISTOPHER G	
STREET ADDRESS	200 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> DELETE
NAME	PRIO, MARIA ELENA	
STREET ADDRESS	701 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, CAROLE	
STREET ADDRESS	200 S. BISCAYNE BLVD., #2780	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROTHBERG II, HOWARD PERRY	
5.3 STREET ADDRESS	200 S BISCAYNE BLVD	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GHISLAIN, GOURAIGE J	
STREET ADDRESS	701 BRICKETT AVE	
CITY-ST-ZIP	MIAMI FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97 (305) 371-2711

Date Daytime Phone # 00000000

CR2E037 (9/96)