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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N50007

1. Corporation Name

DADE COMMUNITY FOUNDATION, INC.

Principal Place of Business

200 S BISCAYNE BLVD  
 SUITE 2780  
 MIAMI FL 33131  
 US

Mailing Address

200 S BISCAYNE BLVD  
 SUITE 2780  
 MIAMI FL 33131  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/23/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0350357	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30 \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHACK, RUTH  
 200 S BISCAYNE BLVD  
 SUITE 2780  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box: Number is Not Acceptable)
83	
84	City
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHACK, RUTH	1.2 NAME	Shack, Ruth
STREET ADDRESS	200 S BISCAYNE BLVD	1.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33131
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIESHUE, HENRY	2.2 NAME	Westbrook, Hugh A.
STREET ADDRESS	200 S BISCAYNE BLVD	2.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33131
TITLE	DVC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNEY, ELLEN	3.2 NAME	McGuigan, Thomas R.
STREET ADDRESS	200 S BISCAYNE BLVD, STE 2780	3.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami FL 33131
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUIGAR, TOM	4.2 NAME	Gonzalez, Sergio
STREET ADDRESS	200 SOUTH MISCAYNE BLVD, STE 2780	4.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	Miami FL 33131
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNSON, ANTHONY	5.2 NAME	Brunson, Anthony
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, STE. 2780	5.3 STREET ADDRESS	200 South Biscayne Boulevard, Suite 2780
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	Miami FL 33131
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, WILLIAM	6.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, STE 2780	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	6.4 CITY-ST-ZIP	

14. I 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 2 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/1999  
 Date

(305) 371-2711  
 Daytime Phone #

CR2E037 (11/98)