

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N50201 (5)**

1. Corporation Name  
**SAFESPACE SHELTER OF DADE COUNTY, INC.**



Principal Place of Business: **% ADVOCATES FOR VICTIMS 7831 NE MIAMI CT MIAMI FL 33138**  
Mailing Address: **1435 NE 162 STR NO MIAMI BCH FL 33162 US**

3. Date Incorporated or Qualified: **08/04/1992**  
3a. Date of Last Report: **12/08/1995**

2. Principal Place of Business: **21 1435 N.E. 162 ST.**  
22 Suite, Apt. #, etc.  
23 City & State: **N. miami Bch., Fl.**  
24 Zip: **33162** 25 Country: **DADE**

4. FEI Number: **65-0353923**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MOSLEY, DEAN F  
2800 BISCAYNE BLVD.  
STE. 800  
MIAMI FL 33137**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUDOLPH, PEGGY</b>	
STREET ADDRESS	<b>321 N.E. 112TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ELIZABETH</b>	
STREET ADDRESS	<b>615 GONDOLIERE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TRINKA, DEBORAH</b>	
STREET ADDRESS	<b>1745 N.W. 4TH AVE.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH, ROZ</b>	
STREET ADDRESS	<b>656 N.E. 195TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Peggy Rudolph 3/28/96 305-893-4961  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)