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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
1435 NE 162 ST 1435 NE 162 STR  
7831 NE MIAMI CT NO MIAMI BCH FL 33162-4620  
N MIAMI BCH FL 33162 US  
US

3. Date Incorporated or Qualified 08/04/1992 3a. Date of Last Report 04/10/1996  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, PEGGY	1.2 NAME	
STREET ADDRESS	321 N.E. 112TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33161	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ELIZABETH	2.2 NAME	
STREET ADDRESS	615 GONDOLIERE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33146	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINKA, DEBORAH	3.2 NAME	
STREET ADDRESS	1745 N.W. 4TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33432	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, ROZ	4.2 NAME	
STREET ADDRESS	656 N.E. 195TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33179	4.4 CITY - ST - ZIP	
TITLE	<i>President</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peggy Rudolph</i>	5.2 NAME	
STREET ADDRESS	<i>321 N.E. 112th</i>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Miami FL 33161</i>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Peggy Rudolph* REQUIRED 2/17/97 (305) 947-4560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)