FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000413 (5)

1. Corporation Name
DADE SCHOLASTIC CHESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7301 S.W. 109TH CT. MIAMI FL 33173	7301 S.W. 109TH CT. MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 10/18/1994
4. FEI Number: 65-0508632 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDSTEIN, RICHARD M ESQ.
2 SOUTH BISCAYNE BLVD.
1 BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X
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	D	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	DILLEY, ARDEN W	1.2 NAME		
STREET ADDRESS	7301 S.W. 109TH COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	MCMANIS, BARBARA L	2.2 NAME		
STREET ADDRESS	1410 MANTUA AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HANNON, MARK	3.2 NAME		
STREET ADDRESS	19001 S.W. 270 ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	REID, LINDA	4.2 NAME	MEGAN GANNON	
STREET ADDRESS	13435 S.W. 110TH TERRACE	4.3 STREET ADDRESS	11501 SW 12th CT	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DOMINGUEZ, ALBERTO L	5.2 NAME		
STREET ADDRESS	15600 SPARTAN BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA FL 33054	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	S	☑ Change ☐ Addition
NAME	FALCON, LYNN	6.2 NAME		
STREET ADDRESS	16641 S.W. 78TH COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	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)(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: Arden W. Dilley ARDEN DILLEY 3/1/95 (305) 270-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044375