

**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 # N95000003664 (8)**

1. Corporation Name

**FLORIDA IMMIGRANT ADVOCACY CENTER, INC.**



Principal Place of Business

Mailing Address

2434 OAK DRIVE  
FORT PIERCE FL 34949

2434 OAK DRIVE  
FORT PIERCE FL 34949

3. Date Incorporated or Qualified  
**07/31/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3000 Biscayne Blvd.**

26 **same as #2**

4. FEI Number

**65-0610872**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**#400**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

28 City & State

**Miami FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip **33137**

25 Country **USA**

29 Zip

30 Country

8. 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

**CASSIDY, CATHERINE  
2434 OAK DRIVE  
FORT PIERCE FL 34949**

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 **D**  DELETE  
NAME **LITTLE, CHERYL**  
STREET ADDRESS **828 PALERMO AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D/V**  DELETE  
NAME **CASSIDY, CATHERINE**  
STREET ADDRESS **2434 OAK DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D/S/T**  DELETE  
NAME **KELLEHER, MAUREEN T**  
STREET ADDRESS **1003 MADISON AVE**  
CITY-ST-ZIP **IMMOKALEE FL 33934**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D/P**  DELETE  
NAME **Raguel Matas**  
STREET ADDRESS **2393 Ponce de Leon Blvd.**  
CITY-ST-ZIP **#650 Coral Gables, FL 33134**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **700001753297**  Change  Addition  
6.2 NAME **-03/21/96--01089--032**  
6.3 STREET ADDRESS **\*\*\*61.25**  
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:

*Catherine Cassidy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96  
Date

Daytime Phone #

CR2E037 (12/95)