

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:19

DOCUMENT # 745460 (6)

1. Corporation Name

MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL
CHILDREN, INC.

Principal Place of Business

Mailing Address

17203 SW 79TH PLACE
MIAMI FL 33157
US

17203 SW 79TH PLACE
MIAMI FL 33157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1942661

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

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. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLTZMAN, SYLVAN
1500 SAN REMO AVENUE
SUITE 200
CORAL GABLES FL 33146

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PP
NAME ROSS, NANCY
STREET ADDRESS 481 IVES DAIRY RD, #D203
CITY - ST - ZIP NORTH MIAMI BCH. FL

1.1 TITLE PP
1.2 NAME BODEN, MARTHA D
1.3 STREET ADDRESS 17203 S.W. 79 PL
1.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE P
NAME BODEN, MARTHA
STREET ADDRESS 17203 SW 79TH PLACE
CITY - ST - ZIP MIAMI FL

2.1 TITLE P
2.2 NAME SANCHEZ-CRUSE, JANICE D
2.3 STREET ADDRESS 5296 S.W. 91 AVENUE
2.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE PE
NAME CURSE, JANICE
STREET ADDRESS 5296 SW 91ST AVE.
CITY - ST - ZIP MIAMI FL

3.1 TITLE PE
3.2 NAME DECARIO, DEANNA D
3.3 STREET ADDRESS 7245 S.W. 138 AVENUE
3.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE VP
NAME DECARIO, DEANNA
STREET ADDRESS 7245 SW 138TH AVE.
CITY - ST - ZIP MIAMI FL

4.1 TITLE VP
4.2 NAME PEREZ, MIGUEL T
4.3 STREET ADDRESS 605 S.W. 64 AVENUE
4.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE S
NAME HESTER, MARY ANN
STREET ADDRESS 239 SANTO AVE.
CITY - ST - ZIP CORAL GABLES FL

5.1 TITLE S
5.2 NAME HESTER, MARY ANN T
5.3 STREET ADDRESS 239 SANTO AVENUE
5.4 CITY - ST - ZIP CORAL GABLES, FL

☒ Change ☐ Addition

TITLE T
NAME AMARO, MARIE D.
STREET ADDRESS 14902 SW 65TH TERRACTO
CITY - ST - ZIP MIAMI FL

6.1 TITLE T
6.2 NAME AMARO, MARIE D. T
6.3 STREET ADDRESS 14902 S.W. 65 TERRACE CT.
6.4 CITY - ST - ZIP MIAMI, FL

☒ Change ☐ Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martha A Boden
MARIA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95 305 883-0423
(Date) (Type Name)