

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 2-15-96 B- 1177-C

DOCUMENT # 723568

(2)

1. Corporation Name

DADE HERTIAGE TRUST, INC.



Principal Place of Business

Mailing Address

190 S.E. 12TH TERRACE
MIAMI FL 33131

190 S.E. 12TH TERRACE
MIAMI FL 33131

3. Date Incorporated or Qualified

05/31/1972

3a. Date of Last Report

06/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2194849

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

10. Name and Address of New Registered Agent

COOK, MARGARET C
190 SE 12TH TERRACE
MIAMI FL 33131

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 ☐ DELETE

NAME
PD
SCHAEFER, NORAH K
STREET ADDRESS
5810 BISCAYNE BLVD
CITY-STATE-ZIP
MIAMI FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
VD
HERNDON, JOSEPH L
STREET ADDRESS
13500 SW 104TH AVENUE
CITY-STATE-ZIP
MIAMI FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☒ DELETE

NAME
SD
PINKNEY, ENID
STREET ADDRESS
3017 NW 51ST STREET
CITY-STATE-ZIP
MIAMI FL

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
TD
LA ROUE, SAMUEL
STREET ADDRESS
5980 SW 35 ST
CITY-STATE-ZIP
MIAMI FL

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
M
COOK, MARGARET C
STREET ADDRESS
10465 SW2 114TH TERRACE
CITY-STATE-ZIP
MIAMI FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

Margaret C. Cook

2/7/96 (309)358-9572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)