


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 702304	
1. Entity Name COUNCIL OF GARDEN CLUB PRESIDENTS OF DADE COUNTY, FLORIDA, INC.	

Principal Place of Business 55 SW 17TH RD MIAMI, FL 33129 US	Mailing Address 7900 SW 97 TERR. MIAMI, FL 33156 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CAROL M
 7900 SW 97 TERR.
 MIAMI, FL 33156

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol M. Johnson 1-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SEADUTO, LYNN 3000 SW 64TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUBILLAS, EILEEN 155 NW 123 ST NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, CAROL 7900 SW 97 TERR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TELL, LILA 8260 SW 142 ST MIAMI, FL 331581060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80045-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol M. Johnson 1-8-07 305 596-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #