

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 016 ****61.25

DOCUMENT # 711491

1. Entity Name
NORTH DADE CENTER, INC.



Principal Place of Business
4481 NW 167 ST
OPALOCKA, FL 33055-4311

Mailing Address
4481 NW 167 ST
OPALOCKA, FL 33055-4311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1149262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, EVELYN
4481 N.W. 167TH ST.
OPA LOCKA, FL 33054

Name David Boas
Street Address (P.O. Box Number is Not Acceptable)
11440 North Kendall Drive
Suite 205
City MIAMI FL Zip Code 33176

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

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Delete
NAME FRIEDMAN, EVELYN
STREET ADDRESS 3010 MARCOS DR.- R BLDG
CITY-ST-ZIP N. MIAMI BCH., FL

TITLE TD ☒ Change ☐ Addition
NAME John KIRLEW
STREET ADDRESS 5414 NW 192 Lane
CITY-ST-ZIP MIAMI FL 33055

TITLE VD ☐ Delete
NAME COLEMAN, RUTH
STREET ADDRESS 3750 NE 170TH ST.
CITY-ST-ZIP N. MIAMI BCH., FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME JENKIN, BEA
STREET ADDRESS 3030 MARLUS DRIVE
CITY-ST-ZIP N. MIAMI BCH., FL

TITLE SD ☒ Change ☐ Addition
NAME NADINE SHANFELD
STREET ADDRESS 711 Tulip Circle
CITY-ST-ZIP Weston, FL 33326

TITLE PD ☒ Delete
NAME SHANFELD, PAULINE
STREET ADDRESS 3750 N.E. 170TH ST
CITY-ST-ZIP N. MIAMI BEACH, FL

TITLE PD ☒ Change ☐ Addition
NAME Stanley Perlmutter
STREET ADDRESS 600 NE 2nd St Apt 306
CITY-ST-ZIP Dania Beach, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rhonda S. Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06
Date

305-625-5335
305-331-9850
Daytime Phone #