

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$224.50)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 NOV 21 AM 10:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 711847  
 1. Corporation Name

DADE COUNTY 4-H YOUTH FOUNDATION INC.

Principal Place of Business Mailing Address  
 1455 NW 107th Ave #786 1455 NW 107th Ave  
 Miami, FL 33172 Suite 786  
 Miami, FL 33172

REINSTATEMENT *96*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		11/29/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1153069	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fee
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
HOLMES, DAVID B. 18710 S.W. 288th ST. Homestead FL 33030				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLMES, DAVID B. 18710 S.W. 288th ST. Homestead FL 33030				81 Name	BRYANT DIERSING		
				82 Street Address (P.O. Box Number is Not Acceptable)	18710 S.W. 288 ST		
				83			
				84 City	FL	85 Zip Code	33030

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]* 4-H Agent 9/19/96  
Signature, typed or printed name of registered agent if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUCHS, DARWIN			1.2 NAME			
STREET ADDRESS	10901 CORAL WAY Miami, FL			1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUBIETA, HELEN			2.2 NAME			
STREET ADDRESS	7475 W. 36th Ave.			2.3 STREET ADDRESS			
CITY - ST - ZIP	Miami, FL			2.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONALDSON, EDWARD			3.2 NAME			
STREET ADDRESS	6001 SW 85th Ave			3.3 STREET ADDRESS			
CITY - ST - ZIP	Miami, FL			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, IVONNE			4.2 NAME			
STREET ADDRESS	14201 SW 216 St			4.3 STREET ADDRESS			
CITY - ST - ZIP	Miami, FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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(5)(x), 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, or is changed on an attachment with an address.

SIGNATURE: *[Signature]* Date: 9/19/96 305-2237660  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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