

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 711847 (4)**

**95 MAY 24 PM 12:34**

**1. Corporation Name  
DADE COUNTY 4-H YOUTH FOUNDATION INC**

**Principal Place of Business Mailing Address**  
1455 NW 107TH AVE., SUITE 706 MIAMI FL 33172  
1455 NW 107TH AVE., SUITE 706 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified** 11/29/1966  
**3a. Date of Last Report** 07/19/1994  
**4. FEI Number** 59-1153069  
Applied For Not Applicable

**2. Principal Place of Business 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Zip  
**24** Country **25** Country **29** Country **30** Country

**5. Certificate of Status Desired**  \$0.75 Additional Fee Required  
**6. Election Campaign Financing Trust Fund Contribution**  \$5.00 May Be Added to Fees  
**7. Nonprofit with (RS 601(c)(3) Tax Exempt Status**  \$68.75 Supplemental Fee Not Required  
**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**  
HOLMES, DAVID B.  
18710 S.W. 288TH ST.  
HOMESTEAD FL 33030

**10. Name and Address of New Registered Agent**  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **B5** Zip Code **FL**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>FUCHS, DARWIN</b>
<b>STREET ADDRESS</b>	<b>10901 CORAL WAY</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>ALEXANDER, IVONNE</b>
<b>STREET ADDRESS</b>	<b>P. O. BOX DRAWER 1609 N/A</b>
<b>CITY - ST - ZIP</b>	<b>HOMESTEAD FL</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>ZUBIETA, HELEN</b>
<b>STREET ADDRESS</b>	<b>7475 W. 36TH AVE.</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>DONALDSON, EDWARD</b>
<b>STREET ADDRESS</b>	<b>6001 SW 85TH AVE.</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 executor, trustee or power of attorney 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 affidavit.**

**SIGNATURE:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**E. DARWIN FUCHS - PRESIDENT**

**5/18/95**  
**Date** **3057 283-2060**  
**000028**