


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711847 (4)
 1. Corporation Name
DADE COUNTY 4-H YOUTH FOUNDATION INC



Principal Place of Business 1455 NW 107TH AVE., SUITE 786 MIAMI FL 33172	Mailing Address 1455 NW 107TH AVE., SUITE 786 MIAMI FL 33172
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3. Date Incorporated or Qualified 11/29/1966	Applied For Not Applicable
4. FEI Number 59-1153069	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DIERSING, BRYANT
 18710 S.W. 288TH ST.
 HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name **Carol Retter**
 82 Street Address (P.O. Box Number is Not Acceptable)
1455 NW 107th Ave., Suite 786
 83
 84 City **Miami** **FL** 85 Zip Code **33172**

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 *Carol Retter* **1/6/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, DARWIN	
STREET ADDRESS	10901 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZUBIETA, HELEN	
STREET ADDRESS	7475 W. 36TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, EDWARD	
STREET ADDRESS	6001 SW 85TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, IVONNE	
STREET ADDRESS	14201 SW 216 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pete Dingler	
1.3 STREET ADDRESS	11201 SW 24 St	
1.4 CITY-ST-ZIP	Miami, FL 33165	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carol Retter	
2.3 STREET ADDRESS	1455 NW 107 St #786, Miami, FL	
2.4 CITY-ST-ZIP	33172	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jay Baum	
3.3 STREET ADDRESS	10901 SW 24 St	
3.4 CITY-ST-ZIP	Miami, FL 33165	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Arlene Welsh	
4.3 STREET ADDRESS	10313 SW 114 St	
4.4 CITY-ST-ZIP	Miami, FL 33176	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pete Dingler* **1/6/98 305-223-7060**
NOTICE: SIGNATURE REQUIRED

CR2E037 (10/97)