

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 711847
 1. Entity 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

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 58-1153069 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBERTS, KATHIE
 1455 NW 107TH AVE SUITE 786
 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when re-instating) DATE: _____

Filing Fee is \$61.25
 Due by May 1, 2004

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

00000087860
 03/15/04-80026-025 61.25

10. OFFICERS AND DIRECTORS

TITLE: VPD NAME: WILSON, ELLA STREET ADDRESS: 1455 NW 107 AVE #786 CITY-ST-ZIP: MIAMI, FL 33172
TITLE: SD NAME: PRENTICE, JAN STREET ADDRESS: 1455 NW 107 AVE #786 CITY-ST-ZIP: MIAMI, FL 33172
TITLE: TD NAME: BAUM, JAY STREET ADDRESS: 10901 SW 24 ST CITY-ST-ZIP: MIAMI, FL 33165
TITLE: PD NAME: WELSH, ARLENE STREET ADDRESS: 1313 SW 114 ST CITY-ST-ZIP: MIAMI, FL 33176
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

12. 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 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: Jay Baum, Treasurer JAY BAUM- 2/19/04 305-223-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #