


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 711847
 1. Entity Name
 DADE COUNTY 4-H YOUTH FOUNDATION INC



Principal Place of Business Mailing Address
 1455 NW 107TH AVE., SUITE 786 1455 NW 107TH AVE., SUITE 786
 MIAMI, FL 33172 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



05042005 No Chg-NP GR2E037 (10/03)

4. FEI Number Applied For
 59-1153069 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

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

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	

U00000364811
 05/09/05-80010-023 61.25

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: J. BAUM-TREASURER  4/4/05 305-223-7060X118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #