


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 711847 1. Entity Name DADE COUNTY 4-H YOUTH FOUNDATION INC	
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FILED
07 MAR -5 AM 10:33

Principal Place of Business 1455 NW 107TH AVE., SUITE 786 906 MIAMI, FL 33172	Mailing Address 1455 NW 107TH AVE., SUITE 786 906 MIAMI, FL 33172
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT (11/05) **06-07**

6. Name and Address of Current Registered Agent	
ROBERTS, KATHIE 1455 NW 107TH AVE SUITE 786 906 MIAMI, FL 33172	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete
NAME	WILSON, ELLA 906
STREET ADDRESS	1455 NW 107 AVE # 786
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD <input type="checkbox"/> Delete
NAME	PRENTICE, JAN 906
STREET ADDRESS	1455 NW 107 AVE # 786
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD <input type="checkbox"/> Delete
NAME	BAUM, JAY
STREET ADDRESS	10901 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PD <input type="checkbox"/> Delete
NAME	WELSH, ARLENE
STREET ADDRESS	1313 SW 114 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200091537252
CITY-ST-ZIP	03/07/07--01015--020 **306.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JR 3/6
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **JAY BAUM, TREASURER** 3/2/07 786-315-5118

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