

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711847

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



FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business
**1455 NW 107TH AVE., SUITE #906
MIAMI, FL 33172**

Mailing Address
**1455 NW 107TH AVE., SUITE #906
MIAMI, FL 33172**



08292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1153069	Applied For Not Applicable
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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 #906
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 12, 2008**

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

U00000458837
09/03/08-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, ELLA 1455 NW 107TH AVE., SUITE #906 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRENTICE, JAN 1455 NW 107TH AVE., SUITE #906 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUM, JAY 10901 SW 24 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELSH, ARLENE 1313 SW 114 ST 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 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 TREAS** 8/29/08 786-315-5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #