

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711847

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



Principal Place of Business

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

Mailing Address

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

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



08292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1153069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000458837
09/03/08-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME WILSON, ELLA
STREET ADDRESS 1455 NW 107TH AVE., SUITE #906
CITY-ST-ZIP MIAMI, FL 33172

TITLE SD
NAME PRENTICE, JAN
STREET ADDRESS 1455 NW 107TH AVE., SUITE #906
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jay Baum JAY BAUM TREAS 8/29/08 786-315-5118