

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711847

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** DADE COUNTY 4-H YOUTH FOUNDATION INC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 59-1153069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ROBERTS, KATHIE  
1455 NW 107TH AVE.  
SUITE 906  
MIAMI, FL 33172 US

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.

SIGNATURE: \_\_\_\_\_

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: WILSON, ELLA  
Address: 1455 NW 107TH AVE., SUITE #906  
City-St-Zip: MIAMI, FL 33172

Title: SD  
Name: PRENTICE, JAN  
Address: 1455 NW 107TH AVE., SUITE #906  
City-St-Zip: MIAMI, FL 33172

Title: TD  
Name: BAUM, JAY  
Address: 10901 SW 24 ST  
City-St-Zip: MIAMI, FL 33165

Title: PD  
Name: WELSH, ARLENE  
Address: 1313 SW 114 ST  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY BAUM

TRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date