

APR-24-2003 THU 03:59 PM

P. 03

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711847

4/14/2003-90419-045-\$61.25-\$61.25

55041229



CHECK HERE IF MAKING CHANGES

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

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

Mailing Address  
1455 NW 107TH AVE., SUITE 786  
MIAMI FL 33172

2. Principal Place of Business  
3. Mailing Address

4. FEI Number **59-1153089** Applied For 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

7. Name and Address of New Registered Agent

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 if not applicable. (NOTE: Registered Agent signature required when (re)appointing)

FILE NOW: FEE IS \$61.25

8. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fee

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
FD NAME: DINGLER, PETE STREET ADDRESS: 11201 SW 24 ST CITY-STATE-ZIP: MIAMI FL 33165	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT <b>ID</b> NAME: ARLENE WELSH STREET ADDRESS: 1313 SW 114 ST. CITY-STATE-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: ROBERTS, KATHIE STREET ADDRESS: 1455 NW 107 ST #786 CITY-STATE-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: V. PRES <b>ID</b> NAME: ELLA WILSON STREET ADDRESS: 1455 NW 107 AVE. #786 CITY-STATE-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD NAME: BAUM, JAY STREET ADDRESS: 10901 SW 24 ST CITY-STATE-ZIP: MIAMI FL 33165	<input checked="" type="checkbox"/> Delete	TITLE: SECT. <b>ID</b> NAME: JAN PRENTICE STREET ADDRESS: 1455 N.W. 107 AVE. #786 CITY-STATE-ZIP: MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: WELSH, ARLENE STREET ADDRESS: 10313 SW 114 ST CITY-STATE-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete	TITLE: TRES. <b>ID</b> NAME: JAY BAUM STREET ADDRESS: 10901 SW 24 ST. CITY-STATE-ZIP: MIAMI, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information furnished 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, or a person in the position of 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 of this report.

**DADE COUNTY REGISTERED TREASURER** 4/8/03 786-95-518

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

Signature, typed or printed name of officer or director