

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737905 (0)

1. Corporation Name

DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.  
EDUCATORS

Principal Place of Business

Mailing Address

165 N.E. 162 STREET  
MIAMI FL 33162  
US

P O BOX 56-0096  
MIAMI FL 33256-0096  
US

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SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P O Box 64-0525

22 City & State

27 MIAMI

23 Zip

28 FL

24 Country

29 33162-0525

30 USA

3. Date Incorporated or Qualified

02/03/1977

4. FEI Number

59-2353602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, EMILY P  
165 NE 162 STREET  
MIAMI FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200002612512--8

83

-08/11/98--01031--001

84 City

\*\*\*\*\*61.25 \*\*\*\*\*61.25

FL Zip Code 25

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *Emily P. Warren*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HODGES, VERA R.  
STREET ADDRESS 385 NE 115 STREET  
CITY-ST-ZIP MIAMI FL

DELETE

1.1 TITLE VICE PRESIDENT  
1.2 NAME MARIAN DEAN  
1.3 STREET ADDRESS 15600 NW 7 AVE  
1.4 CITY-ST-ZIP MIAMI FL 33189

Change Addition

TITLE T  
NAME SYRACLE, LOUISE G  
STREET ADDRESS 8345 S.W. 152 STREET  
CITY-ST-ZIP MIAMI FL 33157

DELETE

2.1 TITLE DIRECTOR  
2.2 NAME WILLIS BAXLEY  
2.3 STREET ADDRESS 9950 SW 213 TERRACE  
2.4 CITY-ST-ZIP MIAMI FL 33189-3734

Change Addition

TITLE D  
NAME EVE, CHRISTINA M.  
STREET ADDRESS 566 N.W. 48TH STREET  
CITY-ST-ZIP MIAMI FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE SC  
NAME DAVIS, LILLIAN  
STREET ADDRESS 3261 N. W. 43RD TERRACE  
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE SEC.  
4.2 NAME JANET McCULLOUGH  
4.3 STREET ADDRESS 730 NE 155 TERRACE  
4.4 CITY-ST-ZIP North Miami FL 33162

Change Addition

TITLE P  
NAME WARREN, EMILY P.  
STREET ADDRESS 165 N. E. 162ND STREET  
CITY-ST-ZIP N. MIAMI BEACH FL

DELETE

5.1 TITLE TREASURER  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME GRAHAM, MARY M.  
STREET ADDRESS 1700 NE 105 ST, #309  
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE PRESIDENT  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Emily P. Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/98 305 947-7020

Date Daytime Phone #

0013396

CR2E037 (5/98)