2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 737905

1. Entity Name
DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 N.E. 162 STREET MIAMI, FL 33162 US	P.O. BOX 64-0525 MIAMI, FL 33164-0525 US

04192004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2353602
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, EMILY P
165 NE 162 STREET
MIAMI, FL 33162

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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 May 1, 2004

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

U00000141973
04/30/04-80034-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEAGUERA, RICHARD
STREET ADDRESS	1200 SW 17 TERRACE
CITY-ST-ZIP	MIAMI, FL 331451628
TITLE	D
NAME	SCHRGE, MERRY
STREET ADDRESS	7241 MIAMI LAKEWAY SOUTH
CITY-ST-ZIP	MIAMI LAKES, FL 330142603
TITLE	VPD
NAME	EVE, CHRISTINA M
STREET ADDRESS	586 N.W. 48TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	LEON, BARBARA
STREET ADDRESS	9470 OAK GROVE CIR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328
TITLE	T
NAME	WARREN, EMILY P
STREET ADDRESS	165 N. E. 162ND STREET
CITY-ST-ZIP	MIAMI, FL 331624226
TITLE	D
NAME	BLUE, THEODORE R JR.
STREET ADDRESS	17631 NW 14 PLACE
CITY-ST-ZIP	MIAMI, FL 331694675

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12. 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 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: Emily P Warren EMILY P. WARREN 4-19-04 305 947-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #