2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737905

FILED May 22, 2006 Secretary of State

Entity Name: DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16001 TROON CIRCLE 14007 LAKE COURT DRIVE MIAMI LAKES, FL 33014 US HIALEAH, FL 330143044 US

Current Mailing Address: New Mailing Address:

P.O. BOX 64-0525 P.O. BOX 640-525

MIAMI, FL 331640525 US MIAMI, FL 331640525 US

FEI Number: 59-2353602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WESSEL, MARJORIE P BOCK, BARBARA T

16001 TROON CIRCLE 14007 LAKE GEORGE COURT MIAMI LAKES, FL 33014 US HIALEAH, FL 330143044 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: BARBARA T. BOCK 05/22/2006

Electronic Signature of Registered Agent Date

Electronic dignature of registere

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: DEAGUERA RICHARD

Name: DEAGUERA RICHARD

 Name:
 DEAGUERA, RICHARD
 Name:
 DE AGUERA, RICHARD

 Address:
 1200 SW 17 TERRACE
 Address:
 1200 SW 17 TERRACE

 City-St-Zip:
 MIAMI, FL 331451628
 City-St-Zip:
 MIAMI, FL 331451628 US

Title: D () Delete Title: D (X) Change () Addition Name: SCHRAGE, MERRY Name: SCHRAGE, MERRY

Name: SCHRAGE, WERRY
Address: 7241 MIAMI LAKEWAY SOUTH Address: 7241 MIAMI LAKEWAY SOUTH

City-St-Zip: MIAMI LAKES, FL 330142603 City-St-Zip: MIAMI LAKES, FL 330142603 US

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 EVE, CHRISTINA M
 Name:
 SCHRAGE, MERRY

 Address:
 586 N.W. 48TH STREET
 Address:
 7241 MIAMI LAKES DRIVE

 City-St-Zip:
 MIAMI, FL 331272463
 City-St-Zip:
 MIAMI LAKS, FL 330142603 US

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: LEON, BARBARA Name: LEON, BARBARA
Address: 9470 OAK GROVE CIR Address: 9821 SUNRISE LAKES BLVD #112

City-St-Zip: FORT LAUDERDALE, FL 33328 City-St-Zip: SUNRISE, FL 333226263 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 ROLLE, ANTHONY W
 Name:
 WARDELL, ARLENE

 Address:
 17621 NW 10 COURT
 Address:
 5161 N. W. 101 PLACE

 City-St-Zip:
 MIAMI, FL 331694603
 City-St-Zip:
 MIAMI, FL 33178 US

Title: D () Delete Title: () Change () Addition

 Name:
 BLUE, THEODORE R JR.
 Name:

 Address:
 17631 NW 14 PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 331694675
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA T. BOCK D 05/22/2006