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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **741497** **(2)**

1. Corporation Name

FAMILY RESOURCE CENTER OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156 US	9500 S DADELAND BLVD SUITE 350 MIAMI FL 33156-2853 US

3. Date Incorporated or Qualified: 02/01/1978
3a. Date of Last Report: 06/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1788265 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHAN, EVELYN
2127 BRICKELL AVENUE
BRISTOL TOWER
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 X Evelyn Cohan — DATE 2/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE D	Chairwoman	☒ Change ☐ Addition
NAME	SCHAUB, ROSEMARY		1.2 NAME	Schaub, Rosemary	
STREET ADDRESS	7600 CORPORATE CENTER DR		1.3 STREET ADDRESS	7600 Corporate Center Drive	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fl 33126	
TITLE	TD	☐ DELETE	2.1 TITLE D	Treasurer	☒ Change ☐ Addition
NAME	LOPEZ-BLANCO, VIVIAN		2.2 NAME	Vivian Lopez Blanco	
STREET ADDRESS	ONE BISCAYNE TOWER		2.3 STREET ADDRESS	800 West Avenue # 241	
CITY-ST-ZIP	MAIMI FL 33131		2.4 CITY-ST-ZIP	Miami Beach Fl 33139	
TITLE	VD	☒ DELETE	3.1 TITLE D	Vice Chairman	☐ Change ☒ Addition
NAME	GROSSMAN, SANDY		3.2 NAME	Stephen Kandell	
STREET ADDRESS	1221 BRICKELL AVENUE		3.3 STREET ADDRESS	150 W. Flagler St, Suite 2600	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Florida 33130	
TITLE	SD	☐ DELETE	4.1 TITLE D	Secretary	☒ Change ☐ Addition
NAME	COHAN, EVELYN		4.2 NAME	Carolyn Webber	
STREET ADDRESS	2127 BRICKELL AVENUE		4.3 STREET ADDRESS	7300 Corporate Center Drive	
CITY-ST-ZIP	MIAMI FL 33129		4.4 CITY-ST-ZIP	Miami Fl 33126	
TITLE	VD	☐ DELETE	5.1 TITLE D	2nd Vice Chairman	☒ Change ☐ Addition
NAME	CARTER, PAULA		5.2 NAME	John Keller	
STREET ADDRESS	9895 S.W. 96TH STREET		5.3 STREET ADDRESS	3250 Mary Street, Suite 302	
CITY-ST-ZIP	MAIMI FL		5.4 CITY-ST-ZIP	Miami Fl 33133	
TITLE	ED	☐ DELETE	6.1 TITLE	President	☒ Change ☐ Addition
NAME	OLDIGES, MARY B		6.2 NAME	Mary B. Oldiges	
STREET ADDRESS	75 S.W. 8TH STREET, #303		6.3 STREET ADDRESS	9500 S. Dadeland Blvd Suite 350	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami Fl 33156	

CR2E037 (9/96)

14. I do 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: X SIGNATURE REQUIRED — Mary B. Oldiges, President — 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0027662