

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741497 1. Corporation Name Family Resource Center of Dade County, Inc.					
Principal Place of Business		Mailing Address			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1978	
21 9500 S. Dadeland Blvd. Suite, Apt. #, etc.		26 9500 S. Dadeland Blvd. Suite, Apt. #, etc.		4. FEI Number 59-1788265	
22 Suite 350 City & State		27 Suite 350 City & State		☒ \$8.75 Additional Fee Required	
23 Miami, Florida Zip		28 Miami, Florida Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33156		29 33156		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
25 USA		30 USA		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	
Cohan, Evelyn 2127 Brickell Avenue Bristol Tower Miami, Florida 33129				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code	
11. Pursuant to the provisions of Sections 617.01 through 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in whole, 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 provisions of Section 617.0503, Florida Statutes.				5/21/98	
SIGNATURE: <i>Evelyn Cohan</i>				DATE: 5/21/98	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☒ TD NAME: Vivian Lopez Blanco STREET ADDRESS: One Biscayne Tower CITY-ST-ZIP: Miami, Fl. 33131				☐ CD NAME: Barbara Garrett STREET ADDRESS: Windmere Corp. 5980 Miami Lakes Dr. CITY-ST-ZIP: Miami Lakes, Fl. 33014	
☒ SD NAME: Carolyn Webber STREET ADDRESS: 7300 Corporate Center Drive CITY-ST-ZIP: Miami, Fl. 33126				☐ TD NAME: Eric McKenna STREET ADDRESS: 8844 SW 72 St. #1-154 CITY-ST-ZIP: Miami, Fl. 33173	
☐ D NAME: Evelyn Cohan STREET ADDRESS: 2127 Brickell Avenue Bristol Tower CITY-ST-ZIP: Miami, Florida 33129				☐ D NAME: Evelyn Cohan STREET ADDRESS: 2127 Brickell Avenue Bristol Tower CITY-ST-ZIP: Miami, Florida 33129	
☐ PD NAME: Mary Oldiges STREET ADDRESS: 9500 S. Dadeland Blvd. Ste. 350 CITY-ST-ZIP: Miami, Fl. 33156				☐ PD NAME: Mary Oldiges STREET ADDRESS: 9500 S. Dadeland Blvd. Ste. 350 CITY-ST-ZIP: Miami, Fl. 33156	
☐ D NAME: Stephen Kandell STREET ADDRESS: 150 W. Flagler St. Ste. 2600 CITY-ST-ZIP: Miami, Fl. 33130				☐ D NAME: Stephen Kandell STREET ADDRESS: 150 W. Flagler St. Ste. 2600 CITY-ST-ZIP: Miami, Fl. 33130	
☐ D NAME: John Keller STREET ADDRESS: 3250 Mary Street Ste. 302 CITY-ST-ZIP: Miami, Fl. 33133				☐ D NAME: John Keller STREET ADDRESS: 3250 Mary Street Ste. 302 CITY-ST-ZIP: Miami, Fl. 33133	
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 supplement to 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: <i>Mary B. Oldiges</i> May 29, 1998					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					