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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 # **744103** **(3)**

1. Corporation Name

THE COLLEGE ASSISTANCE PROGRAM (CAP) OF DADE COU NTY, INC.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HWY SUITE 845 CORAL GABLES FL 33146 US	1320 SOUTH DIXIE HWY SUITE 845 CORAL GABLES FL 33146-2912 US

3. Date Incorporated or Qualified: 08/30/1978
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 59-1855923 ☐ 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

FIELDS, VICTOR
2 BISCAYNE TOWER
SUITE 2100
MIAMI FL 33131

Change

10. Name and Address of New Registered Agent

81 Name: Nancy Pankey
82 Street Address (P.O. Box Number is Not Acceptable): 4325 Lennox Drive
83
84 City: Coconut Grove FL 85 Zip Code: 33133

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: Nancy P Pankey — Nancy P. Pankey Managing Trustee — 1/31/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOWELL, NATAHSA 185 SUNRISE AVENUE CORAL GABLES FL 33133	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~Past President~~ D.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PANKEY, NANCY 4325 LENNOX DRIVE COCONUT GROVE FL 33133	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~Managing Trustee~~ MD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEILDS, VICTOR 2 BISCAYNE BLVD.#200 MIAMI FL 33131	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer TD John R. Anzivino 2699 S. Bayshore Drive Coconut Grove FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Ruben J. King-Shaw, Jr. PD President, CAP, Inc. Neighborhood Health Partnership ~~P.O. Box 2080 Miami FL 33102-9663~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	7600 Corporate Center Dr. Miami FL 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Past President — 1/9/96 — 305.668-3594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030496