**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 05 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 # **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<br>SUITE 845<br>CORAL GABLES FL 33146<br>US | 1320 SOUTH DIXIE HWY<br>SUITE 845<br>CORAL GABLES FL 33146<br>US |

3. Date Incorporated or Qualified: 08/30/1978

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

**9. Name and Address of Current Registered Agent**

PANKEY, NANCY
4325 LENNOX DRIVE
SUITE 2100
COCONUT GROVE FL 33133

**10. Name and Address of New Registered Agent**

81 Name: Nancy Pankey
82 Street Address (P.O. Box Number is Not Acceptable): 7220 Erwin Road
83: (new address)
84 City: Miami FL 85 Zip Code: 33143

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 Pankey
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 | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOWELL, NATAHSA | | 1.2 NAME | | |
| STREET ADDRESS | 185 SUNRISE AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | MD | ☐ DELETE | 2.1 TITLE | MD | ☒ Change ☐ Addition |
| NAME | PANKEY, NANCY | | 2.2 NAME | Nancy Pankey | |
| STREET ADDRESS | 4325 LENNOX DRIVE | | 2.3 STREET ADDRESS | 7220 Erwin Road Miami fl 33143 | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ANZINNO, JOHN R. | | 3.2 NAME | Anzivino (correct spelling) | |
| STREET ADDRESS | 2699 S. BAYSHORE DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KING-SHAW, RUBEN J. J | | 4.2 NAME | | |
| STREET ADDRESS | 7600 COPORATE CENTER DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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 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:** Nancy Pankey