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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744103**

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 US

2. Principal Place of Business
21 5712 S.W. 77 Terr.
Suite, Apt. #, etc.
22
City & State
23 Miami FL
Zip 24 33143 Country 25 USA

2a. Mailing Address
26 P.O. Box 430991
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip 29 33243-0991 Country 30 U.S.A.

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

9. Name and Address of Current Registered Agent

PANKEY, NANCY
7220 ERWIN RD
MIAMI FL 33143

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 Nancy Pankey 1-15-99
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	PD ☐ Change ☒ Addition
NAME	LOWELL, NATAHSA		1.2 NAME	Bill Tillett
STREET ADDRESS	185 SUNRISE AVENUE		1.3 STREET ADDRESS	200 S. Biscayne Blvd., Ste. 1900
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	PANKEY, NANCY		2.2 NAME	Gregory Barnes
STREET ADDRESS	7220 ERWIN RD		2.3 STREET ADDRESS	595 Biltmore Way
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TD	☐ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	ANZIVINO, JOHN R		3.2 NAME	Tere Canida
STREET ADDRESS	2699 S. BAYSHORE DRIVE		3.3 STREET ADDRESS	1001 Brickell Ave, Ste. 2100
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	PD	☒ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME	KING-SHAW, RUBEN J. J		4.2 NAME	Edgar C. Jones, Jr.
STREET ADDRESS	7600 COPORATE CENTER DRIVE		4.3 STREET ADDRESS	1200 Brickell Ave., Ste. 1500
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33131
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 (11/98)

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, with all other like empowered.

SIGNATURE: Nancy Pankey **SIGNATURE REQUIRED** 1-15-99 (305) 668 3594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #