FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:19

DOCUMENT # 745460 (6)

1. Corporation Name

MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL CHILDREN, INC.

Principal Place of Business	Mailing Address
17203 SW 79TH PLACE MIAMI FL 33157 US	17203 SW 79TH PLACE MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1942661 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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

HOLTZMAN, SYLVAN
1500 SAN REMO AVENUE
SUITE 200
CORAL GABLES FL 33146

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

*SIGNATURE _____ DATE
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	PP	11 TITLE	PP	☒ Change ☐ Addition
NAME	ROSS, NANCY	12 NAME	BODEN, MARTHA D	
STREET ADDRESS	481 IVES DAIRY RD, #D203	13 STREET ADDRESS	17203 S.W. 79 PL	
CITY-ST-ZIP	NORTH MIAMI BCH. FL	14 CITY-ST-ZIP	MIAMI, FL	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	BODEN, MARTHA	22 NAME	SANCHEZ-CRUSE, JANICE D	
STREET ADDRESS	17203 SW 79TH PLACE	23 STREET ADDRESS	5296 S.W. 91 AVENUE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL	
TITLE	PE	31 TITLE	PE	☒ Change ☐ Addition
NAME	CURSE, JANICE	32 NAME	DECARIO, DEANNA D	
STREET ADDRESS	5290 SW 91ST AVE.	33 STREET ADDRESS	7245 S.W. 138 AVENUE	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	41 TITLE	VP	☒ Change ☐ Addition
NAME	DECARIO, DEANNA	42 NAME	PEREZ, MIGUEL T	
STREET ADDRESS	7245 SW 138TH AVE.	43 STREET ADDRESS	605 S.W. 64 AVENUE	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	HESTER, MARY ANN	52 NAME	HESTER, MARY ANN T	
STREET ADDRESS	239 SANTO AVE.	53 STREET ADDRESS	239 SANTO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	AMARO, MARIE D.	62 NAME	AMARO, MARIE D. T	
STREET ADDRESS	14902 SW 65TH TERRACTO	63 STREET ADDRESS	14902 S.W. 65 TERRACE CT.	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	MIAMI, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martha A. Boden Martha A Boden 3/22/95 305 883-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043348