

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 745460 (6)**

1. Corporation Name

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



Principal Place of Business

**17203 SW 79TH PLACE  
MIAMI FL 33157  
US**

Mailing Address

**17203 SW 79TH PLACE  
MIAMI FL 33157  
US**

3. Date Incorporated or Qualified  
**12/29/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 5296 SW 91 Ave**

**26 5296 SW 91 Ave**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

23 City & State  
**Miami FL**

28 City & State  
**Miami FL**

24 Zip  
**33165**

25 Country  
**US**

29 Zip  
**33165**

30 Country  
**U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	BODEN, MARTHA	
STREET ADDRESS	17203 SW 79TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ-CRUSE, JANICE	
STREET ADDRESS	5296 SW 91ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	DECARIO, DEANNA	
STREET ADDRESS	7245 SW 138TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PEREZ, MIGUEL	
STREET ADDRESS	605 SW 64TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HESTER, MARY ANN	
STREET ADDRESS	239 SANTO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	AMARO, MARIE D	
STREET ADDRESS	14902 SW 65TH TERRACTQ	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cruse-Sanchez, Janice	
1.3 STREET ADDRESS	5296 SW 91 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33165	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DeCario, Deanna	
2.3 STREET ADDRESS	7245 SW 138 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33183	
3.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Perez, Miguel	
3.3 STREET ADDRESS	605 S W 64 Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33144	
4.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Theresa Buria	
4.3 STREET ADDRESS	13432 SW 83 Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Queen Mondely Queen	
5.3 STREET ADDRESS	8850 SW 10 Street	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
6.1 TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AVillar, Al	
6.3 STREET ADDRESS	8421 SW 181 St	
6.4 CITY-ST-ZIP	Miami, FL 33157	

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)(k), 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:

*Janice Cruse-Sanchez* President

4-26-96

305 2480812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)