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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:35

DOCUMENT # **748145** **(0)**

1. Corporation Name

GREATER MIAMI CHILDREN'S CENTERS, INC.

Principal Place of Business	Mailing Address
256 SW 12TH ST. MIAMI FL 33130-4252	256 SW 12TH ST. MIAMI FL 33130-4252

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1979
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-1921556 ☐ 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

MCGRAW, TERESA MANCUSO
256 S.W. 12TH STREET
MIAMI FL 33130

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	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	UVA, EILEEN	1.2 NAME	Lynn Capaldo
STREET ADDRESS	1420 S. BAYSHORE DR., STE. 1401	1.3 STREET ADDRESS	110 3rd Rio Alto Terr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRIBERG, ELLEN T.	2.2 NAME	
STREET ADDRESS	555 NE 34TH ST., STE. 502	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGRAW, TERESA MANCUSO	3.2 NAME	
STREET ADDRESS	8500 SW 109TH AVE., APT. 120	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAPALDO, LYNN	4.2 NAME	
STREET ADDRESS	110 3RD RIO ALTO TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	ROJAS, CARMEN	5.2 NAME	
STREET ADDRESS	850 N. MIAMI AVE., STE. 1003	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	BUNTON, SUSAN	6.2 NAME	
STREET ADDRESS	5838 SW 74TH TERR., STE. 303	6.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	6.4 CITY-ST-ZIP	

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: Ellen T. Friberg Ellen T. Friberg 3/25/95 (305) 536-5172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041R94