

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 # **748145** (0)

1. Corporation Name

**GREATER MIAMI CHILDREN'S CENTERS, INC.**

Principal Place of Business

256 SW 12TH ST.  
MIAMI FL 33130-4252

Mailing Address

256 SW 12TH ST.  
MIAMI FL 33130-4252



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/20/1979

3a. Date of Last Report

03/31/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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 DP  
NAME CAPALDO, LYNN  
STREET ADDRESS 110 3RD RIO ALTO TERR  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE TD  
NAME FRIBERG, ELLEN T.  
STREET ADDRESS 555 NE 34TH ST., STE. 502  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D  
NAME MCGRAW, TERESA MANCUSO  
STREET ADDRESS 8500 SW 109TH AVE., APT. 120  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME CAPALDO, LYNN  
STREET ADDRESS 110 3RD RIO ALTO TERR.  
CITY-ST-ZIP MIAMI BCH. FL

☒ DELETE

TITLE TD  
NAME ROJAS, CARMEN  
STREET ADDRESS 850 N. MIAMI AVE., STE. 1003  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VD  
NAME BUNTON, SUSAN  
STREET ADDRESS 5838 SW 74TH TERR., STE. 303  
CITY-ST-ZIP S. MIAMI FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

Date

856-6050

Daytime Phone #

CR2E037 (12/95)