


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #748145
1. Corporation Name

GREATER MIAMI CHILDREN'S CENTERS, INC.

Principal Place of Business

Mailing Address

**256 S.W. 12TH STREET
MIAMI, FL 33130**

3. Date Incorporated or Qualified

07/20/79

4. FEI Number

59-1921556

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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
MICHAEL WALLMAN
82 Street Address (P.O. Box Number is Not Acceptable)
256 S.W. 12TH STREET
83
84 City
MIAMI **FL** 85 Zip Code
33130

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

Michael Wallman

September 29, 1998

(Signature, name, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR / PRESIDENT
MICHAEL WALLMAN
256 S.W. 12TH STREET
MIAMI, FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR / SECRETARY
256 S.W. 12TH STREET
MIAMI, FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR/TREASURER
ANGELICA M. CALABRESE
256 S.W. 12TH STREET
MIAMI, FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR/ASSISTANT TREASURER
MARY MACNAMARA
256 S.W. 12TH STREET
MIAMI, FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
**300002653583 - 8
-10/01/98--01063--017
*****\$1.50 *****\$1.50**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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. 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:

Angelica M. Calabrese
Angelica M. Calabrese, Director 09/21/98 856 6050

(305)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (10/97)