

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**99 OCT -1 AM 9:36**

**DOCUMENT # 757208**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**Passageway Residence of Dade County, Inc.**

Principal Place of Business  
**2255 NW 10 Avenue  
Miami, Florida 33127**

Mailing Address  
**2255 NW 10 Avenue  
Miami, Florida 33127**

000003009080-- 6  
-10/07/99--01094--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

2. Principal Place of Business 21. <b>2255 NW 10 Av. Mia, Fl</b> Suite, Apt #, etc	2a. Mailing Address 26. <b>2255 NW 10 Ave. Mia. Fl</b> Suite, Apt #, etc	3. Date Incorporated or Qualified <b>May 19, 1981</b>
22. City & State 23. <b>Miami, Florida</b>	27. City & State 28. <b>Miami, Florida</b>	4. FEI Number <b>59-2088143</b> Applied For <input type="checkbox"/> Not Applicable
24. Zip <b>33127</b>	29. Zip <b>33127</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
25. Country <b>U.S.A.</b>	30. Country <b>U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>Thomas P. Mullen, Executive Director</b> <b>2570 Flamingo Road - Suite #215</b> <b>Miami Beach, Florida 33140</b>		10. Name and Address of New Registered Agent	
81. Name		85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)		FL	
83.			
84. City			

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: *Thomas P. Mullen Executive Director* DATE: **9/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b>	<input checked="" type="checkbox"/> DELETE	11. TITLE <b>President/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Terry Chavez</b>		12. NAME <b>Barry Morris, PHD</b>	
STREET ADDRESS <b>1500 NW 12 Avenue - 8th Floor</b>		13. STREET ADDRESS <b>6150 NW 81 Street</b>	
CITY-ST-ZIP <b>Miami, Florida 33136</b>		14. CITY-ST-ZIP <b>Miami Florida 33143</b>	
TITLE <b>V/D</b>	<input checked="" type="checkbox"/> DELETE	21. TITLE <b>Vice President/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Gail Levine</b>		22. NAME <b>Daniel Thomas</b>	
STREET ADDRESS <b>1350 NW 12 Avenue</b>		23. STREET ADDRESS <b>509 Navarre Avenue</b>	
CITY-ST-ZIP <b>Miami, Florida 33136</b>		24. CITY-ST-ZIP <b>Coral Gables, Florida 33134</b>	
TITLE <b>S/T/p</b>	<input checked="" type="checkbox"/> DELETE	31. TITLE <b>Secretary Treasurer/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Lolita Samaroo</b>		32. NAME <b>Nancy Bagley</b>	
STREET ADDRESS <b>1320 NW 14 Street - 3rd. Floor</b>		33. STREET ADDRESS <b>1695 NW 9 Ave. Room 1208</b>	
CITY-ST-ZIP <b>Miami, Florida 33136</b>		34. CITY-ST-ZIP <b>Miami, Florida 33136</b>	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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; 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, with all other like empowered.

SIGNATURE: *Thomas P. Mullen Executive Director* DATE: **9/14/99** DAYTIME PHONE #: **305-685-9106**

CR2E037 (11/98)