

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

**FILED**  
**Jun 24 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT #** 765986  
 1. Corporation Name

**C. H. C. AUXILIARY ACTION CORPS., INC.**

Principal Place of Business	Mailing Address
11450 SW 79TH STREET MIAMI FL 33173	11450 SW 79TH ST. MIAMI FL 33173

3. Date Incorporated or Qualified **12/03/1982** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	28	59-2434730	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

**9. Name and Address of Current Registered Agent**

**DICKSON, EILEEN**  
**8201 SW 142 AVENUE**  
**MIAMI FL 33183**

**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 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 617.3503, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	P / D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANIEWICZ, MILDRED	1.2 NAME	DICKSON, EILEEN
STREET ADDRESS	8845 SW 99TH STREET	1.3 STREET ADDRESS	8201 SW 142ND AVENUE
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	V/P/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, GLORIA	2.2 NAME	
STREET ADDRESS	7301 SW 35TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	V/P/D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZCUY, HORTENSIA	3.2 NAME	TRACY, EDITH
STREET ADDRESS	15420 SW 302ND STREET	3.3 STREET ADDRESS	14121 SW 74TH TERRACE
CITY-ST-ZIP	LEISURE CITY FL 33033 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLIAN, BARBARA	4.2 NAME	
STREET ADDRESS	9615 HATIAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	4.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MOLLY	5.2 NAME	
STREET ADDRESS	9600 CUTLER REIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

**700002222147**  
**-06/25/97--01004--010**  
**\*\*\*61.25**

14. I do 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.

**SIGNATURE:**

*Eileen Dickson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 18, 1997* 279-7999  
 Date Daytime Phone

CR2F037 (3/96)