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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765986** (5)

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 STREET  
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

**12/03/1982**

4. FEI Number

**59-2434730**

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. 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

10. Name and Address of New Registered Agent

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

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 **PD** ☐ DELETE

NAME **STANIEWICZ, MILDRED**  
STREET ADDRESS **8845 SW 99TH STREET**  
CITY - ST - ZIP **MIAMI FL 33176**

TITLE **VPD** ☒ DELETE

NAME **MEEKS, GLORIA**  
STREET ADDRESS **7301 SW 35TH STREET**  
CITY - ST - ZIP **MIAMI FL 33155**

TITLE **VPD** ☐ DELETE

NAME **AZCUY, HORTENSIA**  
STREET ADDRESS **15420 SW 302ND STREET**  
CITY - ST - ZIP **LEISURE CITY FL 33033**

TITLE **SD** ☐ DELETE

NAME **GALLIAN, BARBARA**  
STREET ADDRESS **9615 HATIAN DRIVE**  
CITY - ST - ZIP **MIAMI FL 33189**

TITLE **TD** ☐ DELETE

NAME **STEWART, MOLLY**  
STREET ADDRESS **9600 CUTLER REIDGE DRIVE**  
CITY - ST - ZIP **MIAMI FL 33157**

TITLE **SD** ☐ DELETE

NAME **DICKSON, EILEEN**  
STREET ADDRESS **8201 SW 142ND AVENUE**  
CITY - ST - ZIP **MIAMI FL 33183**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☐ Addition

1.2 NAME **TRACY, EDITH**  
1.3 STREET ADDRESS **14121 SW 74 TERRACE**  
1.4 CITY - ST - ZIP **MIAMI FL 33183**

2.1 TITLE **BLAKESLEE, AIDA D** ☐ Change ☐ Addition

2.2 NAME **4321 SW 107 COURT**  
2.3 STREET ADDRESS **MIAMI FL 33165**

3.1 TITLE **MAGANA, MARY D** ☐ Change ☐ Addition

3.2 NAME **17025 SW 122 AVENUE**  
3.3 STREET ADDRESS **MIAMI FL 33177**

4.1 TITLE **D** ☐ Change ☐ Addition

4.2 NAME **PERDOMO, ELSA**  
4.3 STREET ADDRESS **221 SW 119 AVENUE**  
4.4 CITY - ST - ZIP **MIAMI FL 33184**

5.1 TITLE **D** ☐ Change ☐ Addition

5.2 NAME **WEIDMAN, ALICE**  
5.3 STREET ADDRESS **14812 SW 90 TERRACE**  
5.4 CITY - ST - ZIP **MIAMI FL 33157**

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; 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*

**EILEEN DICKSON**

**4/24/98**

**305 279-7999**

CR2E037 (10/97)