

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766819 (7)
1. Corporation Name
DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
17365 SW 248TH ST. (ZIP 33031)
P. O. BOX 667
HOMESTEAD FL 33090
72 NW 20 ST.
HOMESTEAD FL 33030

3. Date Incorporated or Qualified 02/03/1983
3a. Date of Last Report 03/22/1994
4. FEI Number 59-2405449
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 9230 SW 59 st 26 7350 SW 133 TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
23 City & State Miami, FL 28 miami, FL
Zip 33173 Country U.S.A 29 33156 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DEPOLITO, KATHERINE M.
15295 SW 268TH STREET
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent
81 Name SUZANNE BANAS
82 Street Address (P.O. Box Number is Not Acceptable) 19400 GULFSTREAM RD
83
84 City MIAMI FL 85 Zip Code 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Suzanne Banas* 4-9-95
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
D	BELL, RON
STREET ADDRESS	27426 S.W. 143RD. AVE.
CITY - ST - ZIP	MIAMI FL
D	RYTTENBERG, HARRY
STREET ADDRESS	10840 SW 99 STREET
CITY - ST - ZIP	MIAMI FL
DP	PETERSON, DON
STREET ADDRESS	20815 SW 80 PL.
CITY - ST - ZIP	MIAMI FL
D	SWEETING, IVAN
STREET ADDRESS	10851 SW 168 ST.
CITY - ST - ZIP	MIAMI FL
DPA	DEPOLITO, KATHERINE
STREET ADDRESS	15295 SW 268 ST.
CITY - ST - ZIP	MIAMI FL
DT	LOSNER, LORI A.
STREET ADDRESS	72 NW 20 ST.
CITY - ST - ZIP	HOMESTEAD FL 33030

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME
D/S	BELL, RON
STREET ADDRESS	8800 SW 128 CRT, Apt. 5109
CITY - ST - ZIP	MIAMI, FL 33186
D	MARILYN CORREA
STREET ADDRESS	1150 NW 99th AVE
CITY - ST - ZIP	PEMBROKE PINES
omit	peterson
DV	SWEETING, IVAN
STREET ADDRESS	10630 SW 158 CRT., Apt. 302
CITY - ST - ZIP	MIAMI, FL 33196
D/P	Suzanne Banas
STREET ADDRESS	19400 Gulfstream Rd
CITY - ST - ZIP	MIAMI, FL 33157
DT	MARIA SIEGFRIEDT
STREET ADDRESS	7350 SW 133 TERR
CITY - ST - ZIP	MIAMI, FL 33156

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 110.07(3)(b), 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: *Maria A. Siegfriedt* MARIA A. SIEGFRIEDT 4-9-95 (305) 661-3481
Signature and typed or printed name of signing officer or director Date (Myra) Filer # 1287