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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 766819

1. Corporation Name

DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.

Principal Place of Business

9230 SW 59TH STREET
 MIAMI FL 33173
 US

Mailing Address

7350 SW 133 TERR
 MIAMI FL 33156
 US

472049-90074-12



2. Principal Place of Business

21 **12401 S.W. 74th Ave**

Suite, Apt. #, etc.

22 **Pinecrest, FL**

23 **33156 USA**

24 **33156** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **Pinecrest, FL**

28 **33156 USA**

3. Date Incorporated or Qualified

02/03/1983

4. FEI Number

59-2405449

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

9. Name and Address of Current Registered Agent

BANAS, SUZANNE
19400 GULFSTREAM ROAD
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name **MARCIA BOSSELER**

82 Street Address (P.O. Box Number is Not Acceptable)
12401 S.W. 74th Ave

83

84 City **PINECREST**

FL

85 Zip Code **33156**

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 *Marcie Bosseler*
 Signature, typed or printed name of registered agent and title if applicable.

Marcie Bosseler
 (NOTE: Registered Agent signature required when reinstating)

4-26-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** DELETE
 NAME **CAMILLE, ISABEL**
 STREET ADDRESS **19400 GULFSTREAM RD**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DV** DELETE
 NAME **BOSSELER, MARCIE**
 STREET ADDRESS **12401 SW 74TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DV** DELETE
 NAME **ZIELER, BARBARA**
 STREET ADDRESS **13125 SW 72ND ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DP** DELETE
 NAME **BANAS, SUZANNE**
 STREET ADDRESS **19400 GULFSTREAM RD**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DT** DELETE
 NAME **SIEGFRIEDT, MARIA**
 STREET ADDRESS **7350 SW 133 TERR**
 CITY-ST-ZIP **MIAMI FL**

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

2.1 TITLE **DP** Change Addition
 2.2 NAME **Bosseler, Marcie**
 2.3 STREET ADDRESS **12401 SW 74th Ave**
 2.4 CITY-ST-ZIP **Pinecrest, FL 33156**

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

4.1 TITLE **DV** Change Addition
 4.2 NAME **Banas, Suzanne**
 4.3 STREET ADDRESS **19400 Gulfstream Rd**
 4.4 CITY-ST-ZIP **Miami, FL 33157**

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

6.1 TITLE **DV** Change Addition
 6.2 NAME **Greenspan, Yvette**
 6.3 STREET ADDRESS **5757 SW 45th St**
 6.4 CITY-ST-ZIP **Miami, FL 33156**

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: *Maria Siegfriedt* RE: **MARCIA BOSSELER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305-232-2044
 DATE Daytime Phone #

CR2E037 (11/98)