

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2004  
Secretary of State**

DOCUMENT# 766819

Entity Name: DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9805 S.W. 125 TERR  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

10800 SW 134TH COURT  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2405449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHALIL, WAFA  
4805 SW 125 TERRACE  
MIAMI, FL 33176

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: DERESZ, DON  
Address: 1852 SW 24 ST  
City-St-Zip: MIAMI, FL 33145

Title: SVP ( ) Delete  
Name: SHOKAN, PAULA N  
Address: 20413 SW 86 CT  
City-St-Zip: MIAMI, FL 33189

Title: DV ( ) Delete  
Name: LAFITTE, DONNA  
Address: 1620 NW 78TH WAY  
City-St-Zip: MIAMI, FL

Title: P ( ) Delete  
Name: KHALIL, WAFA  
Address: 9805 SW 125 TERR  
City-St-Zip: MIAMI, FL 33176

Title: DT ( ) Delete  
Name: TWEEDY, MARY  
Address: 10800 SW 184 CT  
City-St-Zip: MIAMI, FL 33186

Title: DV ( ) Delete  
Name: GREENSPAN, YVETTE  
Address: 5757 SW 45TH ST.  
City-St-Zip: MIAMI, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY TWEEDY

DT

03/31/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date