

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766819

FILED
Jan 13, 2008
Secretary of State

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

Current Principal Place of Business:

13401 SW 69 COURT
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

13401 SW 69 COURT
MIAMI, FL 33156 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:

GREENSPAN, YVETTE M
13401 SW 69 COURT
MIAMI, FL 33156 US

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: SHOKAR-NELSON, PAULA N
Address: 20413 SW 86 CT
City-St-Zip: MIAMI, FL 33189

Title: P () Delete
Name: HUECK, ERICK
Address: 496 SW 18 ROAD
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: LAPWORTH, RICK
Address: 29265 SW 167 AVE.
City-St-Zip: HOMESTEAD, FL 33030

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

Title: DT () Delete
Name: GREENSPAN, YVETTE
Address: 13401 SW 69 COURT
City-St-Zip: MIAMI, FL 33156

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: VP (X) Change () Addition
Name: BOSSELER, MARCIA
Address: 7636 SW 102 STREET
City-St-Zip: PINECREST, FL 33156

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 exemption stated in Chapter 119, 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: YVETTE GREENSPAN

Electronic Signature of Signing Officer or Director

DR.

01/13/2008

Date