

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766819

FILED  
Jan 25, 2009  
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: BOSSELER, MARCIA  
Address: 7636 SW 102 STREET  
City-St-Zip: PINECREST, FL 33156

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: ( ) 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 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 F. GREENSPAN

DR.

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date