

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90070 020 ****70.00

DOCUMENT # 767049

1. Entity Name
CHARLEE OF DADE COUNTY, INC.



Principal Place of Business
**5915 PONCE DE LEON BLVD
SUITE 26
CORAL GABLES, FL 33146**

Mailing Address
**5915 PONCE DE LEON BLVD
SUITE 26
CORAL GABLES, FL 33146**

50065681



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2302250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAGLE, MARY T
CHARLEE OF DADE COUNTY, INC.
5915 PONCE DE LEON BLVD., #26
CORAL GABLES, FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **KIRZNER, ALAN**
STREET ADDRESS **13220 SW 71 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Peggy Hudson**
STREET ADDRESS **820 Belle Meade Island Dr.**
CITY-ST-ZIP **Miami, FL 33138**

TITLE **PD** ☐ Delete
NAME **MARCH, MARILYN**
STREET ADDRESS **5935 SW 82 AVE.**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **SD** ☐ Change ☒ Addition
NAME **TOM Lumpkin, II**
STREET ADDRESS **6538 S.W. 99 TERR.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VPD** ☒ Delete
NAME **MEYERS, MAUREEN**
STREET ADDRESS **5601 SW 92 ST.**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **TD** ☐ Change ☒ Addition
NAME **NANCY Hector**
STREET ADDRESS **5705 GRANADA Blvd.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **SD** ☒ Delete
NAME **VARAT, CYNTHIA**
STREET ADDRESS **11030 PARADELA ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **CAGLE, MARY T**
STREET ADDRESS **5915 PONCE DE LEON BLVD., #26**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/05

Date

Daytime Phone #