


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-01-2006 90021 016 ****61.25

DOCUMENT # N01000008449 1. Entity Name THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, INC.						
Principal Place of Business 18710 NW 29 PL CAROL CITY FL 33056				Mailing Address 18710 NW 29 PL CAROL CITY FL 33056		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0784925		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MARTIN, COLUMBUS JR 18710 NW 29 PL CAROL CITY FL 33056				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
B. 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 _____ (NOTE: Registered Agent signature required when re-registering)						
FILE NOW FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, COLUMBUS JR			NAME		
STREET ADDRESS	18710 NW 29 PL			STREET ADDRESS		
CITY- ST- ZIP	CAROL CITY FL 33056			CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDEN, WILLIE L			NAME		
STREET ADDRESS	18910 NW 29 PL			STREET ADDRESS		
CITY- ST- ZIP	CAROL CITY FL 33056			CITY- ST- ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, MERVIN			NAME		
STREET ADDRESS	18824 NW 32ND PLACE			STREET ADDRESS		
CITY- ST- ZIP	CAROL CITY FL 33056			CITY- ST- ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, LONNIESA			NAME		
STREET ADDRESS	18824 NW 32ND PLACE			STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33056			CITY- ST- ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, BETTY A			NAME		
STREET ADDRESS	18710 NW 29 PLACE			STREET ADDRESS		
CITY- ST- ZIP	OPA LOCKA FL 33056			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Columbus Martin Jr</i>				3/12/2006 305 987-1172		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)				Date Daytime Phone #		



ATTACHMENT

66005784

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, INC.
18710 NW 29 PL
CAROL CITY, FL 33056

Subject: THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, INC.

Reference Number:

N01000008449

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

Done, thank you.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh

ANNUAL REPORTS SECTION