

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0784925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, COLUMBUS JR
18710 NW 29 PL
CAROL CITY, FL 33056**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MARTIN, COLUMBUS JR
18710 NW 29 PL
CAROL CITY, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDEN, WILLIE L
18910 NW 29 PL
CAROL CITY, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SIMMONS, MERVIN
18824 NW 32ND PLACE
CAROL CITY, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SIMMONS, LONNIESA
18824 NW 32ND PLACE
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, BETTY A
18710 NW 29 PLACE
OPA LOCKA, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000582838
01/11/07-80049-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Columbus Martin JR

1-9-07 305 987-1172