

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008449

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

18710 NW 29 PL
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

18710 NW 29 PL
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 65-0784925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, COLUMBUS JR
18710 NW 29 PL
CAROL CITY, FL 33056 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: DIR () Delete
Name: MARTIN, COLUMBUS JR
Address: 18710 NW 29 PL
City-St-Zip: CAROL CITY, FL 33056

Title: D () Delete
Name: GOLDEN, WILLIE L
Address: 18910 NW 29 PL
City-St-Zip: CAROL CITY, FL 33056

Title: V (X) Delete
Name: SIMMONS, MERVIN
Address: 18824 NW 32ND PLACE
City-St-Zip: CAROL CITY, FL 33056

Title: V (X) Delete
Name: SIMMONS, LONNIESA
Address: 18824 NW 32ND PLACE
City-St-Zip: MIAMI, FL 33056

Title: V () Delete
Name: MARTIN, BETTY A
Address: 18710 NW 29 PLACE
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOLDEN, WILLIE L
Address: 18910 NW 29 PL
City-St-Zip: CAROL CITY, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARTIN, BETTY A
Address: 18710 NW 29 PLACE
City-St-Zip: OPA LOCKA, FL 33056

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: COLUMBUS MARTIN JR

DIR

01/06/2009

Electronic Signature of Signing Officer or Director

Date