2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State
04-26-2004 90448 042 ****61.25

DOCUMENT # N02000007524

1. Entity Name

MIAMI-DADE SOUTH CHILDREN FOSTER/ADOPTIVE PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10485 SW 170 TER MIAMI FL 33157	10485 SW 170 TER MIAMI FL 33157

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0485888 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI FL 33145	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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HARRIS, BETTIE 10485 SW 170 TER MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DALLAS, ANTHONY 10485 SW 170 TER MIAMI FL 33157	☑ Delete	TITLE DV / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbara Johnson 10650 SW 220 St Miami, Fla 33170	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HARRIS, BETTIE 10485 SW 170 TER MIAMI FL 33157	☑ Delete	TITLE DS / NAME / STREET ADDRESS / CITY-ST-ZIP	Arnetta Cobb 10726 SW 224 St Miami, Fla 33170	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMS, MELOR 10485 SW 170 TER MIAMI FL 33157	☐ Delete	TITLE DT / NAME / STREET ADDRESS / CITY-ST-ZIP	Williams, Melor 22220 SW 107 Ave Miami, Fla 33170	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROSS, GWENDLYN 10485 SW 170 TERR MIAMI FL 33157	☑ Delete	TITLE DS / NAME / STREET ADDRESS / CITY-ST-ZIP	Anitza Jordan 14145 Mona 97 Miami Fla 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bettie Harris Bettie Harris 4/22/04 305 238 4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #