

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007524

FILED
Oct 19, 2009
Secretary of State

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

Current Principal Place of Business:

10485 SW 170 TER
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10485 SW 170 TERR
MIAMI, FL 33157

New Mailing Address:

10485 SW 170 TER
MIAMI, FL 33157

FEI Number: 03-0485888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARRIS, BETTIE
Address: 10485 SW 170 TER
City-St-Zip: MIAMI, FL 33157

Title: DV () Delete
Name: JOHNSON, BARBARA
Address: 10850 SW 220 ST
City-St-Zip: MIAMI, FL 33170

Title: DS () Delete
Name: COBB, ARNETTZ
Address: 10735 SW 224 ST
City-St-Zip: MIAMI, FL 33170

Title: DT () Delete
Name: MELER, WILLIAM S
Address: 22220 SW 107 AVE
City-St-Zip: MIAMI, FL 33170

Title: DS () Delete
Name: JORDAN, PANIZA
Address: 14105 MONRE ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BETTIE HARRIS

Electronic Signature of Signing Officer or Director

PRES

10/19/2009

Date