

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90003 007 \*\*\*\*61.25

<b>DOCUMENT # N03000006631</b>					
<b>1. Entity Name</b> MIAMI-DADE ASSOCIATION OF BLACK SOCIAL WORKERS, INC.					
<b>Principal Place of Business</b> 1161 N.W. 45TH ST. MIAMI, FL 33127			<b>Mailing Address</b> P.O. BOX 470642 MIAMI, FL 33257		
<b>2. Principal Place of Business</b> 110 NE 128 St Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, Fla		<b>City &amp; State</b>		<b>4. FEI Number</b> 61-1463949	
<b>Zip</b> 33161		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WALLACE, MAURICE J 1161 N.W. 45TH ST. MIAMI, FL 33127			<b>7. Name and Address of New Registered Agent</b> Name: <u>Zoe Lattimer</u> Street Address (P.O. Box Number is Not Acceptable): 110 NE 128 St City: <u>Miami</u> <u>FL</u> Zip Code: <u>33161</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>Zoe Lattimer</u> <u>8/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MCKINNEY, EDWARD <b>STREET ADDRESS</b> 650 N.E. 64TH ST., #G503 <b>CITY-ST-ZIP</b> MIAMI, FL 33138	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> McKinney, Edward <b>STREET ADDRESS</b> 14060 Biscayne Blvd. #716 <b>CITY-ST-ZIP</b> Miami, Fla 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> COX, AMOS <b>STREET ADDRESS</b> 9350 N.W. 23RD AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Peterkin, Rosetta <b>STREET ADDRESS</b> 1191 NE 199 St <b>CITY-ST-ZIP</b> Miami, Fla 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> LATTIMER, ZOE <b>STREET ADDRESS</b> 110 N.E. 128TH ST. <b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> WALLACE, MAURICE J <b>STREET ADDRESS</b> 1161 N.W. 45TH ST. <b>CITY-ST-ZIP</b> MIAMI, FL 33127	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Collins, Shirley <b>STREET ADDRESS</b> 1255 NW 90 St <b>CITY-ST-ZIP</b> Miami, Fla 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Zoe Lattimer</u> <u>8/8/06</u> <u>305 694-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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