


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90130 045 \*\*\*\*61.25

<b>DOCUMENT # N03000006631</b> 1. Entity Name MIAMI-DADE ASSOCIATION OF BLACK SOCIAL WORKERS, INC.	
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Principal Place of Business 110 NE 128TH ST MIAMI, FL 33161	Mailing Address P.O. BOX 470642 MIAMI, FL 33257
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40125456



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06082007 Chg-NP CR2E037 (12/06)

4. FEI Number 61-1463949	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  LATTIMER, ZOE 110 NE 128TH ST MIAMI, FL 33161
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNEY, EDWARD 14060 BISCAYNE BLVD SUITE 716 MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERKIN, ROSETTA 1191 NE 199TH ST MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATTIMER, ZOE 110 N.E. 128TH ST. NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, SHIRLEY 1255 NW 90TH ST MIAMI, FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>6/26/07</b> <small>Date</small>	Daytime Phone # <b>305 694-2700</b> <small>Daytime Phone #</small>
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ATTACHMENT

40125456

## Division of Corporations

## Annual Report

Annual Report Help

Document Number

N03000006631

Business Entity Name

MIAMI-DADE ASSOCIATION OF BLACK SOCIAL WORKERS, INC.

FEI Number 611463949  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 110 NE 128TH ST  
Suite, Apt. #, etc.  
City, State MIAMI, FL  
Zip Code & Country 33161

## Mailing Address

Address P.O. BOX 470642  
Suite, Apt. #, etc.  
City, State MIAMI, FL  
Zip Code & Country 33257

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) LATTIMER, ZOE, II, III

- OR -

Business to serve as RA

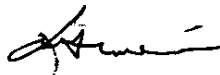
Address (PO Box is not acceptable) 110 NE 128TH ST  
Suite, Apt. #, etc.  
City, State MIAMI, FL  
Zip Code & Country 33161 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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40125456  
# 1030000000031

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

MCKINNEY

EDWARD

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

14060 BISCAYNE BLVD SUITE 716

City, State

MIAMI

, FL

Zip Code &amp; Country

33181

Title

VD

Name (Last, First, Middle, Title)

PETERKIN

ROSETTA

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

1191 NE 199TH ST

City, State

MIAMI

, FL

Zip Code &amp; Country

33179

Title

TD

Name (Last, First, Middle, Title)

LATTIMER

ZOE

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

110 N.E. 128TH ST.

City, State

NORTH MIAMI

, FL

Zip Code &amp; Country

33161

Title

SD

40125456

# 103000006631

Name (Last, First, Middle, Title)

COLLINS

SHIRLEY

- OR -

Entity Name to serve as  
Officer/Director

Street Address

1255 NW 90TH ST

City, State

MIAMI

FL

Zip Code &amp; Country

33147

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

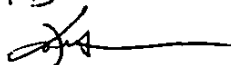
Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TD

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.