


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000006631</b> 1. Entity Name <b>MIAMI-DADE ASSOCIATION OF BLACK SOCIAL WORKERS, INC.</b>	
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Principal Place of Business <b>110 NE 128TH ST MIAMI, FL 33161</b>	Mailing Address <b>P.O. BOX 470642 MIAMI, FL 33257</b>
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**DO NOT WRITE IN THIS SPACE**



05142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>61-1463949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LATTIMER, ZOE  
110 NE 128TH ST  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERKIN, ROSETTA 1191 NE 199TH ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATTIMER, ZOE 110 N.E. 128TH ST. NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, SHIRLEY 1255 NW 90TH ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

06/04/08-80040-010 61.25

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IN THIS SPACE**

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.

**SIGNATURE:**  **Zoe Lattimer** **5/14/08 205 681-4261**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #