

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007216

FILED  
Sep 08, 2004  
Secretary of State

**Entity Name:** DADE COUNTY ALLIANCE AGAINST DOMESTIC VIOLENCE, INC.

**Current Principal Place of Business:**

800 NE 195TH STREET #207  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 195TH STREET #207  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 20-0201505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, RUBY N  
Address: 800 NE 195TH STREET #207  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: POUX, SARAH  
Address: 800 NE 195TH STREET #207  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete  
Name: HOWARD, MIRANDA  
Address: 800 NE 195TH STREET #207  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUBY NELL JOHNSON

PRES

09/08/2004

Electronic Signature of Signing Officer or Director

Date