

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007216

1. Entity Name
DADE COUNTY ALLIANCE AGAINST DOMESTIC
VIOLENCE, INC.



Principal Place of Business
800 NE 195TH STREET # 207
NORTH MIAMI BEACH, FL 33179

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



02042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0201505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, RUBY N
STREET ADDRESS 800 NE 195TH STREET #207
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE D
NAME POUX, SARAH
STREET ADDRESS 800 NE 195TH STREET #207
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE D
NAME HOWARD, MIRANDA
STREET ADDRESS 800 NE 195TH STREET #207
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

UN00000288522
04/05/05-80014-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ruby N. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/05 305.651.6537

Date

Daytime Phone #