


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90013 003 ****61.25

DOCUMENT # N03000008035					
1. Entity Name NORTH CENTRAL MIAMI - DADE FEDERATION INC.					
Principal Place of Business 1351 NW 88 ST MIAMI, FL 33147			Mailing Address 1351 NW 88 ST MIAMI, FL 33147		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>51-0482554</i>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOODY, BOB 1351 NW 88 ST MIAMI, FL 33147			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	<i>PD</i>	<i>13013 Moody</i>	<i>1351 NW 88 ST</i>		<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
	<i>BOB MOODY</i>	<i>MIAMI, FL. 33147</i>			
	<i>1 VPD</i>	<i>MACK SAMUEL</i>	<i>8951 NW 8 AVE</i>		<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
	<i>MACK SAMUEL</i>	<i>MIAMI, FL. 33150</i>			
	<i>SD</i>	<i>CAROLINE WILLIAMS</i>	<i>432 NW 101 ST</i>		<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
	<i>CAROLINE WILLIAMS</i>	<i>MIAMI, FL. 33150</i>			
	<i>FINANCE SEC.</i>	<i>ISIAE MAE MCKINNEY</i>	<i>2383 NW 96 ST</i>		<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
	<i>ISIAE MAE MCKINNEY</i>	<i>MIAMI, FL. 33147</i>			
	<i>TD</i>	<i>JUANITA MEMILLIAN</i>	<i>1925 NW 114 ST</i>		<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
	<i>JUANITA MEMILLIAN</i>	<i>MIAMI, FL. 33167</i>			
					<i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>BOB MOODY</i>			Date <i>Sept 26, 04</i> Daytime Phone # <i>305 836-1899</i>		

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