# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300008035  1. Entity Name NORTH CENTRAL MIAMI - DADE FEDERATION INC.				09-30-2004 90013 003 ****61.25			
1351 NW 88 ST		Mailing Address 1351 NW 88 ST MIAMI, FL 33147		54073727			
2. Principal Place of Business  SAME		3. Mailing Address SAKAIE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		09022004 Chg	-NP CR2E03	7 (10/03)	
City & State		City & State		4. FEI Number 5-1-048	2554	Applied For Not Applicab	ole
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired 🗍	8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered A	gent	
MOODY, BOB		Name- =	المكاف المواقعة 20 مصديد للايواء بعد الريواك الأراديوان الريوان الواقعة الأراديوان الريوان الواقعة الأراديوان الرياض المداور المالية الإيران المالية المداورة المداورة المداورة المداورة المداورة المداورة المداورة المداورة				
1351 NW 8 MIAMI, FL			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City	<u> </u>	FL	Zip Code	
	named entity submits this statement for	or the purpose of changing its r	egistered office or regis	stered agent, or both, in th	e State of Florida. I am fa	amiliar with, and accep	pt
the obligati	ions of registered agent.			,			
	•						
SIGNATURE -					<u> </u>		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE		
		and title if applicable. (NOTE:  9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check	payable to ment of State	
	Signature, typed or printed name of registered agent	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check	ment of State	
10. TITLE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check Fiorida Depart	ment of State	ŭon
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DI  PD  BOIS MOODY 1351 N.W. 8857 MIAMI, PL. 3314	9. Election Cam Trust Fund Co	paign Financing partition.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	\$5.00 May Be Added to Fees	Make check Fiorida Depart	ment of State ,	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DI PD 13013 MOODY 1351 N.W. 8857 MIAMI, PL. 3314 1 VPD MACK SAMUEL	9. Election Cam Trust Fund Co	paign Financing partition.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check Fiorida Depart	THECTORS IN 10  Change Addition	
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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. 305

CITY-ST-ZIP

SIGNATURE MO TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

CITY-ST-ZIP