

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 SEP 20 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
51-0482554

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOODY, BOB
1351 NW 88 ST
MIAMI, FL 33147

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00109607426
10/07--01001--012 **70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOODY, BOB
STREET ADDRESS	1351 NW 88 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VPD
NAME	SAMUEL, MACK
STREET ADDRESS	8951 NW 8 AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	SD
NAME	MURRAY, LAURA
STREET ADDRESS	1501 NW 113TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	FS
NAME	MCKINNEY, ISSAC MAE
STREET ADDRESS	2383 NW 96 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD
NAME	MCMILLIAN, JUANITA
STREET ADDRESS	1925 NW 114 ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Bob Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 15, 07 305-836-1899
Date Daytime Phone #