


# 2008 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
---	---

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  MOODY, BOB 1351 NW 88 ST MIAMI, FL 33147	DO NOT WRITE IN THIS SPACE
---	-------------------------------

9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

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

DO NOT WRITE  
IN THIS SPACE

U00000957929  
08/18/08-80008-015 70.00

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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>08-15-08</u> <small>Date</small>	Daytime Phone # <u>305-836-1899</u> <small>Daytime Phone #</small>
--	---	---

FILED  
Aug 18, 2008 08:00 AM  
Secretary of State



08112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0482554	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required