2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008035

FILED Jul 07, 2009 Secretary of State

Entity Name: NORTH CENTRAL MIAMI - DADE FEDERATION INC.

	rincipal Place of Business:	New Principal Place of Business:	
1351 NW MIAMI, FL			
Current N	lailing Address:	New Mailing Address:	
1351 NW (MIAMI, FL			
ln accordan	: 51-0482554 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status receive the prior notice. Name and Address of New Registered A	
Name and	Address of Current Registered Agent.	Name and Address of New Registered A	gent.
MOODY, E 1351 NW MIAMI, FL	88 ST		
	named entity submits this statement for the pe of Florida.	urpose of changing its registered office or registered	agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Age	nt Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS:
Γitle: Name: Address:	PD () Delete MOODY, BOB 1351 NW 88 ST MIAMI, FL 33147		ND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete MOODY, BOB 1351 NW 88 ST	ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition Name: Address:	ND DIRECTORS:
OFFICER. Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete MOODY, BOB 1351 NW 88 ST MIAMI, FL 33147 VPD () Delete SAMUEL, MACK 8951 NW 8 AVE	ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	ND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () Delete MOODY, BOB 1351 NW 88 ST MIAMI, FL 33147 VPD () Delete SAMUEL, MACK 8951 NW 8 AVE MIAMI, FL 33150 SD () Delete MURRAY, LAURA 1501 NW 113TH TERRACE	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address:	ND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MOODY PD 07/07/2009