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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:49

DOCUMENT # N04525 (4)

1. Corporation Name

THE CHILD ASSAULT PREVENTION (CAP) PROJECT OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 398442 MIAMI FL 33139 US	P.O. BOX 398442 MIAMI FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1984
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2450696 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PERRY, BETH
1505 N.E. 13TH PLACE
VENETIAN ISLANDS
MIAMI FL 33139

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Beth Perry BETH PERRY 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, BETH	1.2 NAME	
STREET ADDRESS	1505 N.E 13TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	BOONE, CARRIE MAHANNA	2.2 NAME	Dr. Ann Moliver Ruben
STREET ADDRESS	7015 S.W. 84TH AVENUE	2.3 STREET ADDRESS	6948 Crown Gate Drive director
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Lakes, FL. 33014
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	HABER, PAUL	3.2 NAME	Christine Dittman
STREET ADDRESS	1050 STAGHORN STREET	3.3 STREET ADDRESS	6990 NW 186 St. #215 director
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	Miami FL. 33015
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HABER, MARSHA	4.2 NAME	
STREET ADDRESS	1050 STAGHORN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TORRES, GULY RODRIQUEZ	5.2 NAME	
STREET ADDRESS	13911 S.W. 103RD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARTOG, JACK J	6.2 NAME	
STREET ADDRESS	1505 N.E. 13 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Perry BETH PERRY 1/30/95 (305) 377-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0041055