

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/01/1984

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **Omni Mall #1195**

26 **Omni Mall #1195**

4. FEI Number
59-2450696

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1601 Biscayne Blvd.**

27 **1601 Biscayne Blvd.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Miami FLA.**

28 **Miami FLA.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33132** 25 **USA**

29 **33132** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Beth Perry

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 ☐ DELETE
NAME **PSTD PERRY, BETH**
STREET ADDRESS **1505 N.E. 13TH PLACE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RUBEN, DR ANN MOLIVER**
STREET ADDRESS **6948 CROWN GATE DR**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DITTMAN, CHRISTINE**
STREET ADDRESS **6990 NW 186 ST #215**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **HABER, MARSHA**
STREET ADDRESS **1050 STAGHORN STREET**
CITY-ST-ZIP **WELLINGTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D TORRES, GULY RODRIQUEZ**
STREET ADDRESS **13911 S.W. 103RD AVENUE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D HARTOG, JACK J**
STREET ADDRESS **1505 N.E. 13 PLACE**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(305) 377-2277

Date

Daytime Phone #

CR2E037 (12/95)