

3-11-97 B-2912 C

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

OMNI MALL #1195
1601 BISCAYNE BLVD
MIAMI FL 33132
USOMNI MALL #1195
1601 BISCAYNE BLVD
MIAMI FL 33132-1224
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

08/01/1984

3a. Date of Last Report

02/14/1996

4. FEI Number

59-2450696

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

PERRY, BETH

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

83

5161 ALTON ROAD

84 City

Miami

85 Zip Code

FL 33140

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Beth Perry

Exec. Dir.

2/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME PERRY, BETH
STREET ADDRESS 1505 N.E. 13TH PLACE
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME RUBEN, DR ANN MOLIVER
STREET ADDRESS 6948 CROWN GATE DR
CITY-ST-ZIP MIAMI FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME BOB BADER
2.3 STREET ADDRESS 1969 NE 173 ST.
2.4 CITY-ST-ZIP MIAMI FL. 33162TITLE D ☐ DELETE
NAME DITTMAN, CHRISTINE
STREET ADDRESS 6990 NW 186 ST #215
CITY-ST-ZIP MIAMI FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME TORRES, GULY RODRIGUEZ
STREET ADDRESS 13911 S.W. 103RD AVENUE
CITY-ST-ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME HARTOG, JACK J.
STREET ADDRESS 1505 N.E. 13 PLACE
CITY-ST-ZIP MIAMI FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D. ELLIS BERBER
5.3 STREET ADDRESS 5305 NE 53 ST.
5.4 CITY-ST-ZIP MIAMI FLA. 33137TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026876

Beth Perry

2/1/97 (305) 377-2277

CP2E037 (9/96)