

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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-04/15/96--01019--014
***61.25

DOCUMENT # N18371 (7)

1. Corporation Name

DADE DIRECTORS OF VOLUNTEERS IN AGENCIES (DADE D
OVIA), INC.

Principal Place of Business

Mailing Address

% LYNN HEYMAN, MIAMI CHILDREN'S HOSPITAL
6125 SW 31 ST
MIAMI FL 33155-3003

C/O ELEANOR ERWIN
3663 S. MIAMI AVE.
MIAMI FL 33133
US

3. Date Incorporated or Qualified
12/19/1986

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 5255 N.W. 87 AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 400

27

City & State

City & State

23 MIAMI, FL

28

Zip

Zip

24 33166

Country

29

Country

25 DADE

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2391955

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

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, ELEANOR	
STREET ADDRESS	3663 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	POLLACK, DOLORES	
STREET ADDRESS	P. O. BOX 520944 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAIRD, HARRY	
STREET ADDRESS	5050 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HEYMAN, LYNN	
STREET ADDRESS	6125 S.W. 31ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARKIN, SUZANNE	
STREET ADDRESS	20350 NE 26TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVI, LIB	
STREET ADDRESS	3889 NW 6TH STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dolores Pollack	
1.3 STREET ADDRESS	5255 N.W. 87 AVENUE # 400	
1.4 CITY-ST-ZIP	MIAMI, FL 33166	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	Betty Shelton, Girl Scouts	
2.4 CITY-ST-ZIP	11347 SW 160 ST	
3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary	
3.3 STREET ADDRESS	Beba Sosa	
3.4 CITY-ST-ZIP	181 N.W. 1ST ST. Suite 2210	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary	
4.3 STREET ADDRESS	Mike Vigil	
4.4 CITY-ST-ZIP	5050 Biscayne Blvd	
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary	
5.3 STREET ADDRESS	SUZANNE HARKIN	
5.4 CITY-ST-ZIP	6200 NE 2 AVE.	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEVI, LIB	
6.3 STREET ADDRESS	3889 NW 6TH STREET	
6.4 CITY-ST-ZIP	MIAMI, FL	

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: Dolores Pollack / DOLORES POLLACK

3/22/96 (305) 716-0789

CR2E037 (12/95)