

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N18371** (7)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**5255 N.W. 87 AVENUE
#400
MIAMI FL 33166**

**C/O ELEANOR ERWIN
3663 S. MIAMI AVE.
MIAMI FL 33133-4253
US**

3. Date Incorporated or Qualified
12/19/1986

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address **do Dolores Pollack**

21 Suite, Apt. #, etc.

26 **5255 N.W. 87 Avenue**

22 City & State

27 Suite, Apt. #, etc.

400

23 City & State

28 **Miami FL**

24 Zip

25 Country

29 **33166**

30 **Dade**

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

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **POLLACK, DOLORES**
STREET ADDRESS **5255 N.W. 87 AVENUE #400**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DV** ☐ DELETE
NAME **SHELTON, BETTY**
STREET ADDRESS **11347 SW 160 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **C** ☒ DELETE
NAME **SOSA, BEBA**
STREET ADDRESS **111 N.W. 1ST ST., SUITE 2210**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **DS** ☒ DELETE
NAME **VIGIL, MIKE**
STREET ADDRESS **5050 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DT** ☐ DELETE
NAME **HAFKIN, SUZANNE**
STREET ADDRESS **5200 NE 2 AVE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ DELETE
NAME **LEVI, LIB**
STREET ADDRESS **3889 NW 8TH STREET**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DSandi Dioli-Rumm**
3.3 STREET ADDRESS **620 N.E. 127 St.**
3.4 CITY-ST-ZIP **North Miami FL 33161**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Secretary**
4.3 STREET ADDRESS **Susan McIntyre**
4.4 CITY-ST-ZIP **9500 S. Dadeland Blvd, S. 350 Miami FL 33156**

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

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 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:

Suzanne Hafkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED 4-22-97

(305) 751-8626 ext 470

Date

Daytime Phone # **0020856**

CR2E037 (9/96)