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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18371** (7)

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

Principal Place of Business 5255 N.W. 87 AVENUE #400 MIAMI FL 33166	Mailing Address C/O DOLORES POLLACK 5255 NW 87 AVENUE #400 MIAMI FL 33166 US
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2. Principal Place of Business 21 11347 SW 160 ST Suite, Apt. #, etc.	2a. Mailing Address 26 11347 SW 160 ST Suite, Apt. #, etc.
City & State 23 MIAMI FL Zip 24 33157	City & State 28 MIAMI FL Zip 29 33157

3. Date Incorporated or Qualified 12/19/1986	4. FEI Number 59-2391955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> DELETE
NAME	POLLACK, DOLORES	
STREET ADDRESS	5255 N.W. 87 AVENUE #400	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SHELTON, BETTY	
STREET ADDRESS	11347 SW 160 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIOLI-KUMM, SANDI	
STREET ADDRESS	620 NE 127 ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, SUSAN	
STREET ADDRESS	9500 S DADELAND BLVD S 350	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HAFKIN, SUZANNE	
STREET ADDRESS	5200 NE 2 AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BETTY SHELTON	
1.3 STREET ADDRESS	11347 SW 160 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33157	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEBA SOSA	
2.3 STREET ADDRESS	395 NW 1 ST SUITE 2210	
2.4 CITY-ST-ZIP	MIAMI FL 33128	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEAN KRAMER	
4.3 STREET ADDRESS	F.I.U. UNIVERSITY PARK, GC 331	
4.4 CITY-ST-ZIP	MIAMI FL 33199	
5.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KATHLEEN FISLER	
5.3 STREET ADDRESS	6704 SW 80 ST	
5.4 CITY-ST-ZIP	MIAMI FL 33143	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DOLORES POLLACK	
6.3 STREET ADDRESS	5255 NW 87 AV. #400	
6.4 CITY-ST-ZIP	MIAMI FL 33166	

14. I 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: *Kathleen Fisler* KATHLEEN FISLER 3/8/98 (305) 666-0552

CP2E037 (10/97)