

# 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 # N27060 (5)**

1. Corporation Name

**DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P O BOX 16-0021  
MIAMI FL 33116-7021

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MIAMI FL 33116-7021

3. Date Incorporated or Qualified  
**06/21/1988**

3a. Date of Last Report  
**09/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**65-0075583**

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

**MUNRO, DONNA  
5116 S W 151 PLACE  
MIAMI FL 33185**

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

*Donna Munro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-24-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **MUNRO, DONNA**  
STREET ADDRESS **5116 SW 151 PLACE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **JOHN KITCHEN**  
1.3 STREET ADDRESS **14130 VAN BUREN ST.**  
1.4 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VP** ☒ DELETE  
NAME **STEWART, JUANITA**  
STREET ADDRESS **14380 S W 105 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **LEFLER, CLARENCE**  
2.3 STREET ADDRESS **19315 FRANJO RD.**  
2.4 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☒ DELETE  
NAME **ROSENFELD, JUDITH**  
STREET ADDRESS **260 N E 170TH STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **MUNRO, DONNA**  
3.3 STREET ADDRESS **5116 SW 151 PL**  
3.4 CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **D** ☒ DELETE  
NAME **DASSAN, NELLIE**  
STREET ADDRESS **7710 W. 20 AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33162**

4.1 TITLE **VP** ☒ Change ☐ Addition  
4.2 NAME **BETTY HARRIS**  
4.3 STREET ADDRESS **10485 SW 170TH**  
4.4 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☒ DELETE  
NAME **OWENS, ESTER**  
STREET ADDRESS **15540 S W 298TH TERR**  
CITY-ST-ZIP **LEISURE CITY FL 33033**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **SHAMELE JENKINS**  
5.3 STREET ADDRESS **513 NW 93 ST**  
5.4 CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☒ DELETE  
NAME **LEFLEN, JANICE**  
STREET ADDRESS **19343 SW 116 AVE.**  
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **BARBARA JOHNSON**  
6.3 STREET ADDRESS **10850 SW 220 ST**  
6.4 CITY-ST-ZIP **MIAMI FL 33170**

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:

*Donna L. Munro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-24-96 305 553 0839**

CR2E037 (12/95)