

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27060 (5)

1. Corporation Name

DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

P O BOX 16-0021
MIAMI FL 33116-7021P O BOX 16-0021
MIAMI FL 33116-00213. Date Incorporated or Qualified
06/21/19883a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0075583

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

MUNRO, DONNA
5116 S W 151 PLACE
MIAMI FL 33185

81 Name

WILLIAM J DOLAN

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

9935 NIKARAUA DR

83

84 City

MIAMI

FL

85

Zip Code

33189

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

2-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KITCHEN, JOHN	
STREET ADDRESS	14130 VAN BUREN STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEFLER, CLARENCE	
STREET ADDRESS	19315 FRANJO ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUNRO, DONNA	
STREET ADDRESS	5116 SW 151 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, BETTY	
STREET ADDRESS	10485 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, SHAMELE	
STREET ADDRESS	513 NW 93 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, BARBARA	
STREET ADDRESS	10850 SW 22ND STREET	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BETTY H. HARRIS	
1.3 STREET ADDRESS	10485 S.W. 170 TER	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T. WILLIAM J DOLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM J DOLAN	
3.3 STREET ADDRESS	9935 NIKARAUA DR.	
3.4 CITY-ST-ZIP	MIAMI FLA 33189	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM J DOLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-97 (305) 751 7805

Date

Daytime Phone # 0028177

CR2E037 (9/96)