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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27060

1. Corporation Name

DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION, IN
C.

Principal Place of Business
P O BOX 16-0021
MIAMI FL 33116-7021

Mailing Address
P O BOX 16-0021
MIAMI FL 33116-7021

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
06/21/1988

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

9. Name and Address of Current Registered Agent

VENTURA, RACHEL
11020 SW 131 TERR
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Barbara Johnson
82 Street Address (P.O. Box Number is Not Acceptable) 10850 SW 220 St
83
84 City Miami 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 Barbara Johnson 4-22-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	President ☑ Change ☐ Addition
NAME	VENTURA, RACHEL		1.2 NAME	Barbara Johnson
STREET ADDRESS	11020 SW 131 TERR		1.3 STREET ADDRESS	10850 SW 220 ST
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami Fla
TITLE	T	☑ DELETE	2.1 TITLE	Vice President ☐ Change ☑ Addition
NAME	DOLAN, WILLAN J		2.2 NAME	Bettie Harris
STREET ADDRESS	9935 NICARAGUA DR		2.3 STREET ADDRESS	10485 SW Hotew
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Fla 33157
TITLE	D	☐ DELETE	3.1 TITLE	Treasury ☑ Change ☐ Addition
NAME	JENKINS, SHAMELE		3.2 NAME	John Kitchen
STREET ADDRESS	513 NW 93 STREET		3.3 STREET ADDRESS	14130 Van Buren ST.
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Fla 33176
TITLE	D	☐ DELETE	4.1 TITLE	Secy ☐ Change ☑ Addition
NAME	JOHNSON, BARBARA		4.2 NAME	Arnetta Cobbs
STREET ADDRESS	10850 SW 22ND STREET		4.3 STREET ADDRESS	10735 SW 224 St
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami Fla 33170
TITLE	D	☐ DELETE	5.1 TITLE	Secy ☑ Change ☐ Addition
NAME	KITCHEN, JOHN		5.2 NAME	Shamele Jenkins
STREET ADDRESS	14130 VAN BUREN ST		5.3 STREET ADDRESS	10735 SW 224 St
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami Fla 33170
TITLE		☐ DELETE	6.1 TITLE	Board member ☐ Change ☑ Addition
NAME			6.2 NAME	Meler Williams
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	22220 SW 107 Ave Miami Fla 33170

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-8-99 (305) 258-6104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)