

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # N29106 (4)

1. Corporation Name

VOLUNTEER FRIENDS OF THE DADE COUNTY PUBLIC SCHOOLS, INC.

Principal Place of Business	Mailing Address
C/O FRANK THOMPSON 5109 SW 71 PLACE MIAMI FL 33155 US	C/O FRANK THOMPSON 5109 SW 71 PLACE MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 04/20/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	29 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENICK, CAROL
1450 NE SECOND AVENUE
ROOM 210
MIAMI FL 33132

81 Name	Frank M. Thompson
82 Street Address (P.O. Box Number is Not Acceptable)	5109 SW 71 Place
83	
84 City	Miami
85 State	FL
86 Zip Code	33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Frank M. Thompson*

(NOTE: Registered Agent signature required when instituting)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	THOMPSON, FRANK
STREET ADDRESS	5109 SW 71 PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	VDS
NAME	PARKER, CLAUDIA DR.
STREET ADDRESS	5959 BLUE LAGOON DR
CITY - ST - ZIP	MIAMI FL
TITLE	VDT
NAME	AVERY, SHERRI
STREET ADDRESS	5757 S.W. 45TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	200 S. Biscayne Blvd, Suite 1900
24 CITY - ST - ZIP	Miami, FL 33131
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	5750 Sunset Drive
34 CITY - ST - ZIP	S. Miami FL 33143-5396
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: *Frank M. Thompson*
SIGNATURE AND TITLE OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

DATE: **4/20/95 (305)661-3694**