

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 # **N29106** (4)

1. Corporation Name

VOLUNTEER FRIENDS OF THE DADE COUNTY PUBLIC SCHOOLS, INC.



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

3. Date Incorporated or Qualified: 11/03/1988
3a. Date of Last Report: 07/26/1995

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)

4. FEI Number: NOT APPLICABLE
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

6. 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

THOMPSON, FRANK M
5109 S.W. 71 PLACE
ROOM 210
MIAMI FL 33155

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): address is correct, however,
83 remove "Room 210" from listing
84 City: MIAMI
85 Zip Code: FL 33155

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: *Frank M. Thompson* (NOTE: Registered Agent signature required when reinstating) DATE: April 24, 1996

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	THOMPSON, FRANK	
STREET ADDRESS	5109 SW 71 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	PARKER, CLAUDIA DR.	
STREET ADDRESS	200 S. BISCAYNE BLVD, SUITE 1900	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	AVERY, SHERRI	
STREET ADDRESS	5750 SUNSET DRIVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ADD ZIP 33155
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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* DATE: 4/24/96 DAYTIME PHONE #: (305) 661-3641

CR2E037 (12/95)