


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 012 ****61.25

DOCUMENT # N32612 1. Entity Name DADE COUNTY H.O.G., INC.					
Principal Place of Business 17631 SO. DIXIE HWY MIAMI, FL 33157 US			Mailing Address 17631 SO. DIXIE HWY MIAMI, FL 33157 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0120484	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERSON, DREW 17631 SO. DIXIE HWY MIAMI, FL 33157			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAM, ROY 11720 SW 107 AVE MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Livingston Sheppard 2905 Washington Street Coconut Grove, FL 33133-3826 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERSON, DREW 17631 SO. DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULCE, JERRY 16823 SW 79 PL VILLAGE OF PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEGURA, ELAINE 2911 SW 121 AVE. MIAMI, FL 331752313 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD DWORIN, HARVEY 27615 SW 165 AVE HOMESTEAD, FL 33031 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Director Timothy Hamilton 19521 S.W. 128 Court Miami, FL 33177-4228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Elaine M. Segura <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Elaine Segura Secretary		
			01/16/05 305-995-3760 <small>Date Daytime Phone #</small>		

40004533



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0120484

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BRAM, ROY 11720 SW 107 AVE MIAMI, FL 33176 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director Livingston Sheppard 2905 Washington Street Coconut Grove, FL 33133-3826 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS PETERSON, DREW 17631 SO. DIXIE HWY MIAMI, FL 33157 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T HULCE, JERRY 16823 SW 79 PL VILLAGE OF PALMETTO BAY, FL 33157 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S SEGURA, ELAINE 2911 SW 121 AVE. MIAMI, FL 331752313 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AD DWORIN, HARVEY 27615 SW 165 AVE HOMESTEAD, FL 33031 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Assistant Director Timothy Hamilton 19521 S.W. 128 Court Miami, FL 33177-4228 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine M. Segura

Elaine Segura Secretary

01/16/05 305-995-3760

Date Daytime Phone #