

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morghen Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N38604 (7)

1. Corporation Name

KIDS IN DADE SOCIETY, INC.

Principal Place of Business

KIDS IN DADE SOCIETY INC
2851 CORAL WAY
MIAMI FL 33145
US

Mailing Address

CHANGE Mailing Address
C/O FRANCINE TEOZES
P-O BOX 370669
MIAMI FL 33257-0669
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Kids In Dade Society, Inc.

27 Suite, Apt. #, etc.
2851 Coral Way

28 City & State

Miami, Fl. 33145

29 Zip

33145

30 Country

Dade

9. Name and Address of Current Registered Agent

TEOZES, FRANCINE, CPA
18701 LENAIRE DR
MIAMI FL 33157

NO LONGER AFFILIATED - REMOVE FRANCINE AS AGENT

3. Date Incorporated or Qualified

08/14/1990

4. FEI Number

65-0231613

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**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Allen Zeller

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

2851 Coral Way

84 City

Miami

FL

85 Zip Code

33145

11. Pursuant to the provisions of Sections 617.0502 and 617.3508, 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 **Allen Zeller**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-98

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ZELLER, RAYMOND | |
| STREET ADDRESS | 2149 SW 30TH COURT | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|-------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | PAREKH, DIPAK M | |
| STREET ADDRESS | 4810 SW 87TH AVE | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|--------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | TINSMAN, RUTH | |
| STREET ADDRESS | 640 E 49TH STREET | |
| CITY - ST - ZIP | HALEAH FL | |

| | | |
|-----------------|----------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | GOMEZ-CHEN, MARTA | |
| STREET ADDRESS | 201 WEST FLAGLER ST | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|---------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | TEOZES, FRANCINE E | |
| STREET ADDRESS | 18701 LENAIRE DR | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------------------|--|
| 1.1 TITLE | President /D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Ruth A. Tinsman | |
| 1.3 STREET ADDRESS | 640 S.W. 49th Street | |
| 1.4 CITY - ST - ZIP | Hialeah, FL. 33013 | |

| | | |
|---------------------|-----------------------------|--|
| 2.1 TITLE | Vice President /D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Frank O'Neil | |
| 2.3 STREET ADDRESS | 1200 N.W. 6th Street | |
| 2.4 CITY - ST - ZIP | Miami, FL. 33136 | |

| | | |
|---------------------|---------------------------|--|
| 3.1 TITLE | Secretary /D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Allen Zeller | |
| 3.3 STREET ADDRESS | 2149 S.W. 30th Ct. | |
| 3.4 CITY - ST - ZIP | Miami, FL. 33145 | |

| | | |
|---------------------|------------------------------|--|
| 4.1 TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Edward Sindelar | |
| 4.3 STREET ADDRESS | 5595 S.W. 80th Street | |
| 4.4 CITY - ST - ZIP | Miami, FL. 33143 | |

| | | |
|---------------------|--|---|
| 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 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: **Allen Zeller, Sec. 3-4-98 305-441-1988**

CR2E037 (10/97)