

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39586 (5)

1. Corporation Name

SOUTH DADE HEALTH, EDUCATION, HOUSING AND ECONOMIC DEVELOPMENT, CORP.

Principal Place of Business

Mailing Address

10300 SW 216TH ST
MIAMI FL 33190

10300 SW 216TH ST
MIAMI FL 33190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1990

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0255414

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. 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

HARTLEY, BRODES H, JR
10300 SW 216 ST
MIAMI FL 33190

81 Name

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

83

84 City

FL

85 Zip Code

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

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	PD
NAME	SMITH, MERIAN
STREET ADDRESS	19600 SW 320TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	POPE, LIZZIERENE
STREET ADDRESS	10720 SW 222 DR
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	STINSON, ROBERT
STREET ADDRESS	11700 SW 216 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALEXANDER, BETTY
STREET ADDRESS	11340 SW 175TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BROWN, HARRELL
STREET ADDRESS	9890 SW 131ST ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	GARCIA, JUANITA
STREET ADDRESS	1112 NE 1 TERRACE
CITY-ST-ZIP	HOMESTEAD FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	800 NG 15 ST
6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95

(305) 252-4853