FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49466** **(8)**

1. Corporation Name

FAMILY DAY CARE PROVIDERS ASSOCIATION OF DADE CO UNTY, INC.

Principal Place of Business	Mailing Address
3750 S. DIXIE HWY. #4 MIAMI FL 33162 US	13400 N. MIAMI AVE. MIAMI FL 33168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1992**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0344146** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

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** Supplement 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

LOPES, MAZIER
2141 NORTHEAST 182ND STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: Michele D. Scott
82 Street Address (P.O. Box Number is Not Acceptable): 13400 North Miami Avenue
83
84 City: Miami FL 85 Zip Code: 33168

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: Michele D Scott, President — Michele D. Scott, President — DATE: January 10, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SCOTT, MICHELE D.	12 NAME		
STREET ADDRESS	13400 N. MIAMI AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	JACKSON, EMMA	22 NAME		
STREET ADDRESS	1448 NW 39TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	PROPHETE, GHISLAINE	32 NAME		
STREET ADDRESS	10911 SW 178TH TERR.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☑ Change ☐ Addition
NAME	LOPES, MAZIER	42 NAME	Katie Williams	
STREET ADDRESS	2141 N.E. 182ND ST	43 STREET ADDRESS	1938 NW 71st Street	
CITY-ST-ZIP	N MIAMI BCH. FL	44 CITY-ST-ZIP	Miami, FL 33147	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Michele D Scott — January 10, 1995 — (305) 681-4380
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Telephone #)

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