

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50007

FILED  
May 04, 2009  
Secretary of State

Entity Name: DADE COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD  
SUITE 505  
MIAMI, FL 331315330 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 S BISCAYNE BLVD  
SUITE 505  
MIAMI, FL 331315330 US

**New Mailing Address:**

FEI Number: 65-0350357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHACK, RUTH  
200 S BISCAYNE BLVD  
SUITE 505  
MIAMI, FL 331315330 US

**Name and Address of New Registered Agent:**

SHACK, RUTH B P  
200 S BISCAYNE BLVD  
SUITE 505  
MIAMI, FL 331315330 US

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.

SIGNATURE: RUTH SHACK

05/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHACK, RUTH  
Address: 200 SOUTH BISCAYNE BLVD., STE 505  
City-St-Zip: MIAMI, FL 331315330

Title: DC ( ) Delete  
Name: FOYO, GEORGE W  
Address: 200 SOUTH BISCAYNE BLVD., STE 505  
City-St-Zip: MIAMI, FL 331315330

Title: DVC ( ) Delete  
Name: LOPEZ, JORGE L  
Address: 200 SOUTH BISCAYNE BLVD., STE 505  
City-St-Zip: MIAMI, FL 331315330

Title: DT ( ) Delete  
Name: GADINSKY, ELIZABETH  
Address: 200 SOUTH BISCAYNE BLVD., STE 505  
City-St-Zip: MIAMI, FL 331315330

Title: DS ( ) Delete  
Name: ANTUNEZ, JUAN C  
Address: 200 SOUTH BISCAYNE BLVD., STE 505  
City-St-Zip: MIAMI, FL 331315330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH SHACK

DP

05/04/2009

Electronic Signature of Signing Officer or Director

Date