

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:08

DOCUMENT # **N50295** (7)
1. Corporation Name
SOUTH DADE YOUTH AWARENESS CENTER, INC.

Principal Place of Business 11960 SOUTHWEST 173RD STREET MIAMI FL 33177	Mailing Address 11960 SOUTHWEST 173RD STREET MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1992	3a. Date of Last Report 11/14/1994
4. FEI Number 65-0345340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FERGUSON, BETTIE
11960 SOUTHWEST 173RD STREET
MIAMI FL 33177**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 fee if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CYNTHIA A.	1 2 NAME	
STREET ADDRESS	18180 S.W. 122ND AVENUE	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, BETTIE	2 2 NAME	
STREET ADDRESS	11960 S.W. 173RD STREET	2 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	2 4 CITY - ST - ZIP	
TITLE	TD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, WILLIE J	3 2 NAME	
STREET ADDRESS	725 N.W. 3RD STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	FLORIDA CITY FL 33034	3 4 CITY - ST - ZIP	
TITLE	SD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, BARBARA	4 2 NAME	
STREET ADDRESS	11600 ROBINSON STREET	4 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	4 4 CITY - ST - ZIP	
TITLE	ATD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, CHARLES	5 2 NAME	
STREET ADDRESS	11960 S.W. 173RD STREET	5 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	5 4 CITY - ST - ZIP	
TITLE	SCD	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, JOHN C SR.	6 2 NAME	
STREET ADDRESS	20954 S.W. 85TH PASSAGE	6 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33189	6 4 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 110.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bettie M. Ferguson BETTIE M. FERGUSON 7/18/95 (305) 253-0229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #