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**Jun 01, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N50295**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/06/1992

4. FEI Number

65-0345340

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

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

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Bettie M. Ferguson*

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

(NOTE: Registered Agent signature required when reinstating)

*05/28/99*

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>JEFFERSON, JOHNNY</b>	
STREET ADDRESS	<b>9500 S.W. 180 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, CHARLES</b>	
STREET ADDRESS	<b>11960 S.W. 173 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, BETTIE M</b>	
STREET ADDRESS	<b>11960 S.W. 173 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATTERSON, BARBARA</b>	
STREET ADDRESS	<b>11600 ROBINSON STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>ATD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERGUSON, CHARLES</b>	
STREET ADDRESS	<b>11960 S.W. 173RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>SCD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPE, JOHN C SR.</b>	
STREET ADDRESS	<b>20954 S.W. 85TH PASSAGE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

*BETTIE M. FERGUSON* REQUIRE *BETTIE M. FERGUSON, Exec. Director (305) 253-0229*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)