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 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50420 (1)

1. Corporation Name
AMERICAN FAMILY ASSOCIATION OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
16275 SW 303 ST. HOMSTEAD FL 33090 US	P.O. BOX 1272 HOMSTEAD FL 33090 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0145965 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	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

STORES, RALF
16275 S.W. 303 STREET
HOMESTEAD FL 33033

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 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 _____ DATE
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	1.1 TITLE	☐ Change ☐ Addition
NAME	STORES, RALF	1.2 NAME	
STREET ADDRESS	16275 SW 303 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMSTEAD FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	SVADBIK, JOHN	2.2 NAME	
STREET ADDRESS	13677 SW 117 LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	~~TD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~DACCARETT, LAURIE~~	3.2 NAME	
STREET ADDRESS	~~2100 SW 7TH AVE~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	STORES, TAMMY	4.2 NAME	
STREET ADDRESS	16275 S.W. 303 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~DACCARETT, ED~~	5.2 NAME	
STREET ADDRESS	~~2100 S.W. 7TH AVE.~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33129~~	5.4 CITY-ST-ZIP	
TITLE	TREASURER	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN DALEN, GERARDO	6.2 NAME	
STREET ADDRESS	6606 S.W. 112 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33173	6.4 CITY-ST-ZIP	

NO LONGER BOARD MEMBER

NO LONGER BOARD MEMBER

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: _____ RALF STORES, PRES. 4-24-95 305-246-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

004070