# 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

FILED
95 FEB 28 AM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000556 (2)

1. Corporation Name
THE CHILDREN'S CULTURAL COALITION OF DADE COUNTY , INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 111 NW 1ST ST<br>S-625<br>MIAMI FL 33128 | 111 NW 1ST ST<br>S-625<br>MIAMI FL 33128 |

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0397264 (Applied For / Not Applicable)

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

SWARATSINGH, JILLIAN D
111 NW 1ST ST., S-625
MIAMI FL 33128

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, type 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 | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DELMA ILES | 1.2 NAME | |
| STREET ADDRESS | 124 E. FLAGLER ST., STE. 409 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DERECK DAVIS | 2.2 NAME | |
| STREET ADDRESS | 5400 NW 22 AVE. BLDG. B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33155 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MIMI SCHULTZ | 3.2 NAME | |
| STREET ADDRESS | 6740 SW 75 TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 44143 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SANDRELL RIVERS | 4.2 NAME | |
| STREET ADDRESS | 3701 SW 70 AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33155 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | CAROL MASSINGTON | 5.2 NAME | |
| STREET ADDRESS | 5800 SW 118 ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | 5.4 CITY-ST-ZIP | |
| TITLE | EO | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ERICA MEYER-RAUZIN | 6.2 NAME | |
| STREET ADDRESS | 1030 14TH STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | 6.4 CITY-ST-ZIP | |

14. I/We 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: [signature] MIMI F. SCHULTZ (MIMI) 2/16/95 305/284-8500
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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