

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000556 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

111 NW 1ST ST
S-625
MIAMI FL 33128

CHILDREN'S CULTURAL COALITION
P.O. BOX 331873
COCONUT GROVE FL 33233-1973



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1992
3a. Date of Last Report 11/08/1996

4. FEI Number 65-0397264
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ILES, DELMA
111 NW FIRST STREET
SUITE 625
MIAMI FL 33128

81 Name Jillian Daniels
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 Jillian Daniels Jillian Daniels 8/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T BUCKLAND, JUDY ☒ DELETE
735 SW FIRST STREET
HALLANDALE FL 33009

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Sandrell Rivers
1.3 STREET ADDRESS 275 NW 2nd Street
1.4 CITY-ST-ZIP Miami, FL 33128

P DAVIS, DERECK ☒ DELETE
5400 NW 22 AVE. BLDG. B
MIAMI FL 33155

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Jude Parry
2.3 STREET ADDRESS 345 W. 37th St.
2.4 CITY-ST-ZIP Miami Beach, FL 33140

S PANY, JUDE ☒ DELETE
345 W. 37TH STREET
MIAMI BEACH FL 33140

3.1 TITLE T. ☒ Change ☐ Addition
3.2 NAME Louis St. Clair
3.3 STREET ADDRESS 550 Brickell Ave, Suite 200
3.4 CITY-ST-ZIP Miami, FL 33131

D RIVERS, SANDRELL ☒ DELETE
3701 SW 70 AVE.
MIAMI FL 33155

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Marlene Davis
4.3 STREET ADDRESS 9800 SW 114 St
4.4 CITY-ST-ZIP Miami, FL 33176

D MASSINGTON, CAROL ☐ DELETE
5800 SW 118 ST.
MIAMI FL 33156

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D DOZIER, CORKY ☒ DELETE
10370 SW 150TH COURT
MIAMI FL 33196

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Laura Bruner
6.3 STREET ADDRESS 201 S. Biscayne Blvd., Suite 2400
6.4 CITY-ST-ZIP Miami, FL 33131

14. I do 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.

SIGNATURE SIGNATURE REQUIRED 8/22/97 315-755-7812

CP2E037 (4/97)