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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N92000000556

1. Corporation Name

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

Principal Place of Business

111 NW 1ST ST
S-625
MIAMI FL 33128

Mailing Address

P.O. BOX 403336
MIAMI BEACH FL 33140



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/02/1992

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

9. Name and Address of Current Registered Agent

**DANIEL, JILLIAN
111 NW FIRST STREET
SUITE 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME NEARY, GEORGE
STREET ADDRESS 701 BRICKELL AVE., STE. 2700
CITY-ST-ZIP MIAMI FL 33131

TITLE P ☐ DELETE

NAME PARRY, JUDE
STREET ADDRESS 345 W 37TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE T ☐ DELETE

NAME ST CLAIR, LOUIS
STREET ADDRESS 550 BRICKELL AVE, SUITE 200
CITY-ST-ZIP MIAMI FL 33131

TITLE S ☐ DELETE

NAME DAVIS, MARCIE
STREET ADDRESS 9800 SW 114 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE

NAME GARCIA, JEANETTE
STREET ADDRESS 4343 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33135

TITLE D ☐ DELETE

NAME BRUNEY, LAURA
STREET ADDRESS 201 S BISCAYNE BLVD, SUITE 2400
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (305) 538 5500

Date

Daytime Phone #

CR2E037 (11/98)