# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/7/1

**FILED**
**Jul 01, 2004 8:00 am**
**Secretary of State**
06-07-2004 90003 034 ****70.00

DOCUMENT # N92000000556

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

66429244

| Principal Place of Business | Mailing Address |
|---|---|
| 500 71 STREET<br>MIAMI, FL 33141 | P.O. BOX 403336<br>MIAMI BEACH, FL 33140 |

03282003 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 777 17th Street | P.O. Box 403336 |
| Suite, Apt. #, etc.: 402 | Suite, Apt. #, etc.: |
| City & State: MIAMI BEACH FL | City & State: MIAMI BEACH FL |
| Zip: 33139 Country: ~~GERMANY~~ US | Zip: 33140 Country: US |

4. FEI Number: 65-0397264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MANN, WILLIAM<br>7904 HARDING AVE 14-A<br>MIAMI BEACH, FL 33141 | Name: WILLIAM MANN<br>Street Address (P.O. Box Number is Not Acceptable): 6930 RUE VENDOME, #10<br>City: MIAMI BEACH FL Zip Code: 33141 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 6-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>NEARY, GEORGE<br>701 BRICKELL AVE., STE. 2700<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>NEARY, GEORGE<br>701 BRICKELL AVE, STE 2700<br>MIAMI, FL 33131 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PARRY, JUDE<br>345 W 37TH ST<br>MIAMI BEACH, FL 33140 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>PARRY, JUDE<br>345 W. 37th St.,<br>MIAMI BEACH, FL 33140 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPIEGELMAN, DEBBIE<br>701 ARENA BLVD<br>MIAMI, FL 33136 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br>SHEILA WOMBLE<br>1900 BISCAYNE BLVD, STE 201<br>MIAMI, FL 33132 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EISENSTEIN, EDYTHE<br>3601 S MIAMI AVE<br>MIAMI, FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br>VIRGINIA SHUKER<br>1500 BISCAYNE BLVD, STE 316<br>MIAMI, FL 33132 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DOZIER, CORKI<br>701 BRICKELL AVE STE 2700<br>MIAMI, FL 33131 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br>JEANETTE EGOZI<br>7118 BYRON AVENUE<br>MIAMI BEACH, FL 33141 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRUNEY, LAURA<br>201 S BISCAYNE BLVD, SUITE 2400<br>MIAMI, FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br>ALAN MARQUEZ<br>1501 BISCAYNE BLVD, STE<br>MIAMI, FL 33132 | ☐ Change ☒ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jude Parry 6/23/04 305-856-1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #