

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 19 1997 8:00am
Secretary of StateDOCUMENT # **N92000000710 (5)**

1. Corporation Name

**SOUTH DADE ALLIANCE FOR NEIGHBORHOOD DEVELOPMENT
, INC.**

Principal Place of Business

Mailing Address

**12425 S.W. 226TH ST.
MIAMI FL 33170****12425 S.W. 226TH ST.
MIAMI FL 33170-6331**3. Date Incorporated or Qualified
12/09/19923a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** **P.O. Box 700757**4. FEI Number
65-0375026Applied For
☒ Not Applicable**22** City & State**27** City & State
Goulds, FL5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required****23** Zip

Country

28 Zip

Country

24 **33170****25** **Dade****29** **33170****30** **Dade**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, NEHEMIAH
11980 SW 179TH TERR
MIAMI FL 33177****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

*Nehemiah Davis***Nehemiah Davis****4-23-97**

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

TITLE **PD** ☐ DELETENAME **DAVIS, NEHEMIAH**
STREET ADDRESS **11980 SW 179TH TERR**
CITY-ST-ZIP **MIAMI FL**1.1 TITLE ☐ Change ☐ AdditionTITLE **VPD** ☐ DELETENAME **JAMES, JOSEPH**
STREET ADDRESS **21799 SW 117TH COURT**
CITY-ST-ZIP **MIAMI FL**1.2 NAME ☐ Change ☐ AdditionTITLE **SD** ☐ DELETENAME **JAMES, JOSEPH**
STREET ADDRESS **21799 S.W. 117TH COURT**
CITY-ST-ZIP **MIAMI FL 33170**1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE **TD** ☐ DELETENAME **WALKER, LYDIA E**
STREET ADDRESS **12425 S.W. 226TH ST.**
CITY-ST-ZIP **GOULDS FL 33170**1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE **D** ☐ DELETENAME **DAVIS, NEHEMIAH**
STREET ADDRESS **11980 S.W. 179TH TER.**
CITY-ST-ZIP **MIAMI FL 33177**2.1 TITLE ☐ Change ☐ AdditionTITLE **SD** ☒ DELETENAME **PRICE, MATTHEW**
STREET ADDRESS **16611 SW 104TH AVE**
CITY-ST-ZIP **MIAMI FL**2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 *Joseph James* **JOSEPH JAMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
April 23, 1997 **245 6200**
Date Daytime Phone # **0032448**

CR2E037 (9/96)