


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000413 (5)**

1. Corporation Name

~~DADE SCHOLASTIC CHESS ASSOCIATION, INC.~~

N/C 1/9/98

**MIAMI-DADE Scholastic Chess Association, Inc.**

Principal Place of Business

Mailing Address

7301 S.W. 109TH CT.  
MIAMI FL 33173

7301 S.W. 109TH CT.  
MIAMI FL 33173

3. Date Incorporated or Qualified

01/26/1993

4. FEI Number

65-0508632

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, RICHARD M ESQ.  
2 SOUTH BISCAYNE BLVD.  
1 BISCAYNE TOWER, SUITE 3250  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DILLEY, ARDEN W  
STREET ADDRESS 7301 S.W. 109TH COURT  
CITY-ST-ZIP MIAMI FL

☐ DELETE

OK

TITLE VD  
NAME TEJADA, ELIZABETH  
STREET ADDRESS 1111 W 37 ST  
CITY-ST-ZIP HIALEAH FL

☐ DELETE

OK

TITLE D  
NAME GANNON, MEGAN  
STREET ADDRESS 11501 SW 124 CT  
CITY-ST-ZIP MIAMI FL

☐ DELETE

OK

TITLE S  
NAME FALCON, EDUARDO  
STREET ADDRESS 18641 SW 78TH COURT  
CITY-ST-ZIP MIAMI FL

☐ DELETE

OK

TITLE T  
NAME ELIE, DIANE  
STREET ADDRESS 14843 SW 65 TERR  
CITY-ST-ZIP MIAMI FL

☒ DELETE

OUT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

5000024197005  
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\*\*\*61.25

LYNN FALCON  
16641 SW 78th Court  
MIAMI, FL.

COORDINATOR  
AZUCENA M. Dilley  
7301 SW 109 COURT  
MIAMI FL 33173

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.

SIGNATURE *Arden W Dilley* 1/2/98 (3-5) 270-0234

CR2E037 (10/97)