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Jan 29 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 # N94000005620 (9)

1. Corporation Name

COMMUNITY SUPPORT SERVICES OF SOUTH DADE, INC.



Principal Place of Business

12401 SW 224TH ST
MIAMI FL 33170

Mailing Address

12401 SW 224TH ST
MIAMI FL 33170-6325

3. Date Incorporated or Qualified
11/15/1994

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
65-0533504

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GREER, TED JR
12401 SW 224TH ST
GOULDS FL 33170

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 ☒ DELETE
NAME MILLER, GARY REV
STREET ADDRESS 3010 DESOTO BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE
NAME BOGUE, HILDA
STREET ADDRESS 12401 SW 224ST
CITY-ST-ZIP GOULDS FL

TITLE ☒ DELETE
NAME RIVERA, NANCY
STREET ADDRESS 18450 SW 87TH AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ DELETE
NAME AGUINAGA, MARIA MSW
STREET ADDRESS 17650 NW 67TH AVE APT #1403
CITY-ST-ZIP MIAMI FL 33015

TITLE ☒ DELETE
NAME TYLER, TIMOTHY MA
STREET ADDRESS 26526 SW 128TH AVE
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE ☒ DELETE
NAME GREER, TED JR
STREET ADDRESS 12401 SW 224TH ST
CITY-ST-ZIP GOULDS FL 33170

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME BT
1.3 STREET ADDRESS BRENDIA LOWARD
1.4 CITY-ST-ZIP 12401 S.W. 224th St
Goulds, FL 33170

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME DVP
2.3 STREET ADDRESS CLVIN MOORE, JR
2.4 CITY-ST-ZIP 12401 S.W. 224th St
Goulds, FL 33170

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME AS
3.3 STREET ADDRESS PATRICE TOWEY
3.4 CITY-ST-ZIP 12401 S.W. 224th St
Goulds, FL 33170

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME Ruth Campbell
4.3 STREET ADDRESS 12401 S.W. 224th St
4.4 CITY-ST-ZIP Goulds, FL 33170

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 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

TED GREER JR. 1/2/97 12401 SW 224th St 33170

CR2E037 (9/96)