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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005620 (9)**

1. Corporation Name

COMMUNITY SUPPORT SERVICES OF SOUTH DADE, INC.

Principal Place of Business

Mailing Address

**12401 SW 224TH ST
MIAMI FL 33170**

**12401 SW 224TH ST
MIAMI FL 33170**



3. Date Incorporated or Qualified

11/15/1994

4. FEI Number

65-0533504

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	D	<input type="checkbox"/> DELETE
NAME	MILLER, GARY REV	
STREET ADDRESS	3010 DESOTO BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGUE, HILDA	
STREET ADDRESS	124015 SW 224ST	
CITY-ST-ZIP	GOULDS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOUARD, BRENDA	
STREET ADDRESS	12401 SW 224ST	
CITY-ST-ZIP	GOULDS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUINAGA, MARIA (MRS) LUISA	
STREET ADDRESS	17650 NW 67TH AVE APT #1403	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TYLER, TIMOTHY MA	
STREET ADDRESS	26526 SW 126TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREER, TED JR	
STREET ADDRESS	12401 SW 224TH ST	
CITY-ST-ZIP	GOULDS FL	

1.1 TITLE	AL MOORE, JR. DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2735 N.W. 10 AV	
1.3 STREET ADDRESS	MIAMI FL 33127	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA, JULIO	
2.3 STREET ADDRESS	20507 S. DIXIE HWY	
2.4 CITY-ST-ZIP	MIAMI FL 33185	
3.1 TITLE	Campbell, Ruth	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	24 N.E. 12 ST	
3.3 STREET ADDRESS	HOMESTEAD, FL 33030	
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TOWEY, PATRICE	
4.3 STREET ADDRESS	7356 SW 80 ST, PL2	
4.4 CITY-ST-ZIP	MIAMI, FL 33143	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **TED GREER, JR. CEO 1/5/98 (305) 255-7042**

CR2E037 (10/97)