

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006088 (8)**

1. Corporation Name

CONCERNED CITIZENS OF SOUTH DADE, INC.



Principal Place of Business 125 N.E. 8TH STREET SUITE #6 HOMESTEAD FL 33030	Mailing Address 125 N.E. 8TH STREET SUITE #6 HOMESTEAD FL 33030-4676
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3. Date Incorporated or Qualified 12/13/1994	3a. Date of Last Report 11/04/1996
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2. Principal Place of Business 1472 N. Homestead Blvd	2a. Mailing Address 1472 N. Homestead Blvd	4. FEI Number 65-0586825	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Homestead FL	City & State Homestead FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33030	Country USA	Zip 33030	Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LOSNER, STEVEN D 65 NW 16TH ST HOMESTEAD FL 33030	10. Name and Address of New Registered Agent CHRIS B. SPAULDING 1472 N. Homestead Blvd Suite #2 Homestead FL 33030
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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  **Chris Spaulding, Chairman** DATE **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING, CHRIS B.	1.2 NAME	
STREET ADDRESS	27805 SW 164TH CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTIMIGLIA, DEBRA E.	2.2 NAME	
STREET ADDRESS	27805 SW 164TH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, NINA	3.2 NAME	
STREET ADDRESS	65 N.W. 16TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, JOHN	4.2 NAME	
STREET ADDRESS	65 N.W. 16 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **Chris Spaulding** DATE **4/24/97** Daytime Phone # **352-462-1100**

CR2E037 (9/96)