

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 OCT 20 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005804 (8)

1. Corporation Name

NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY  
INC.

Principal Place of Business

Mailing Address

3663 SOUTH MIAMI AVENUE  
MIAMI FL 33133

XXXXXX  
MIAMI FL 33133  
P.O. BOX 016339  
MIAMI, FL. 33101-6339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1995

3a. Date of Last Report  
12/10/1996

2. Principal Place of Business  
21 395 N.W. 1 STREET

2a. Mailing Address  
26 P.O. BOX 016339

4. FEI Number 31-1500791  
APPLIED FOR

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 #207

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State  
23 MIAMI, FL

City & State  
28 MIAMI, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip  
24 33128

Country  
25 USA

Zip  
29 33101-6339

Country  
30 USA

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

GONZALEZ, ANA OLMEDA  
MERCY HOSPITAL VOLUNTEER SERVICES  
3663 SOUTH MIAMI AVENUE  
MIAMI FL 33133

81 Name MARIA A. RAMS

82 Street Address (P.O. Box Number is Not Acceptable)

395 N.W. 1 STREET  
SUITE 207

83

84 City MIAMI

FL 85 Zip Code 33128

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

*Maria A. Rams*

MARIA A. RAMS

8/29/97

(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 ☒ DELETE  
NAME RODRIGUEZ, BARBARA  
STREET ADDRESS 3663 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME MARIA A. RAMS  
1.3 STREET ADDRESS 395 N.W. 1 STREET, SUITE 207  
1.4 CITY-ST-ZIP MIAMI, FL 33128

TITLE VD ☐ DELETE  
NAME RAMS, MARIA A  
STREET ADDRESS 3663 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME EVELYN JORDAN  
2.3 STREET ADDRESS St. Mary's Church, 7525 NW 2nd Ave.  
2.4 CITY-ST-ZIP MIAMI, FL 33150

TITLE TD ☐ DELETE  
NAME BROWN, MARY SCULL  
STREET ADDRESS 3663 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE TREASURER ☒ Change ☐ Addition  
3.2 NAME MARY SCULL BROWN  
3.3 STREET ADDRESS 3720 Harlano Street  
3.4 CITY-ST-ZIP Coral Gables, FL 33147195

TITLE SD ☒ DELETE  
NAME GARCIA, JEANNETTE  
STREET ADDRESS 3663 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE SECRETARY ☐ Change ☒ Addition  
4.2 NAME ELISA SOTO  
4.3 STREET ADDRESS FP&L - 9250 W. Flagler Street  
4.4 CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 *Maria A. Rams* SIGNATURE REQUIRED MARIA A. RAMS 8/29/97 (205) 343-4647

CR2E037 (4/97)