
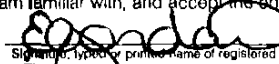



FILE NOW: FILING FEE IS \$61.25

FILED

Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 395 NW 1ST STREET #207 MIAMI FL 33128		Mailing Address P.O. BOX 016339 MIAMI FL 33101-6339	
2. Principal Place of Business 21 7525 NW 2 Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 016339 Suite, Apt. #, etc. 27	
City & State 23 Miami, FL Zip 24 33150		City & State 28 Miami, FL Zip 29 33101-6339	
Country 25 U.S.A.		Country 30 USA	
9. Name and Address of Current Registered Agent RAMS, MARIA A 395 NW 1ST STREET STE 207 MIAMI FL 33128			
10. Name and Address of New Registered Agent 81 Name Jordan, Evelyn 82 Street Address (P.O. Box Number is Not Acceptable) 7525 NW 2 Ave 83 84 City Miami FL 85 Zip Code 33150			
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  Evelyn Jordan 4/30/98 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS			
TITLE	PVD	<input checked="" type="checkbox"/> DELETE	
NAME	RAMS, MARIA A		
STREET ADDRESS	395 NW 1ST STREET., STE 207		
CITY-ST-ZIP	MIAMI FL 33128		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	JORDAN, EVELYN		
STREET ADDRESS	7525 NW 2ND AVE		
CITY-ST-ZIP	MIAMI FL 33150		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	BROWN, MARY SCULL		
STREET ADDRESS	3720 HARLANO STREET		
CITY-ST-ZIP	CORAL GABLES FL 33147		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	SOTO, ELISA		
STREET ADDRESS	9250 W. FLAGLER STREET		
CITY-ST-ZIP	MIAMI FL 33174		
TITLE		<input checked="" type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Evelyn Jordan PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	7525 NW 2 Ave.		
1.3 STREET ADDRESS	Miami, FL. 33150		
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Elisa Soto		
2.3 STREET ADDRESS	9250 W. Flagler St.		
2.4 CITY-ST-ZIP	Miami, FL. 33174		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Barbara Rodriguez		
3.3 STREET ADDRESS	3227 SW 63 Ave		
3.4 CITY-ST-ZIP	Miami, FL 33155		
4.1 TITLE	Julie Palm SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	1220 NE 153 St		
4.3 STREET ADDRESS	PH		
4.4 CITY-ST-ZIP	No. Miami, FL.		
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:  Evelyn Jordan 4/30/98 (305) 750-4197 Signature typed or printed name of signing officer or director Date Telephone #			



CR2E037 (10/97)