

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90007 034 \*\*\*\*61.25

**DOCUMENT # N95000005804**

1. Corporation Name

**NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY  
, INC.**

Principal Place of Business

7525 N W 2 AVE  
MIAMI FL 33150  
US

Mailing Address

P O BOX 016339  
MIAMI FL 33101-6339  
US

618390 - 20007 - 034



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9250 W. FLAGLER ST.		26 Suite, Apt. #, etc.		12/08/1995	
22 #5202		27 City & State		4. FEI Number	
23 MIAMI		28 City & State		31-1500791	
24 FL		29 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

JORDAN, EVELYN  
7525 NW 2 AVE  
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name	ELISA SOTO		
82 Street Address (P.O. Box Number is Not Acceptable)	9250 W. FLAGLER ST.		
83	#5202		
84 City	MIAMI	85 FL	33074

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

*Elisa Soto*  
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	PVD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, EVELYN	1.2 NAME	
STREET ADDRESS	7525 N W 2 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, ELISA	2.2 NAME	
STREET ADDRESS	9250 W FLAGLER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, BARBARA	3.2 NAME	
STREET ADDRESS	3227 S W 63 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALM, JULIE	4.2 NAME	JACOBS, PEGGIE
STREET ADDRESS	1220 N E 153 ST	4.3 STREET ADDRESS	2159 N.W. 1 COURT
CITY-ST-ZIP	N MIAMI FL 33174	4.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	GARCIA, JEANETTE
STREET ADDRESS		5.3 STREET ADDRESS	4343 W. FLAGLER ST. #404
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33134
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 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, with all other like empowered.

SIGNATURE:

*Elisa Soto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99 305-552-3447  
Date Daytime Phone #

CR2E037 (5/99)