

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005994 (7)

1. Corporation Name

FAMILY DIVERSITY CENTER, INC.



Principal Place of Business

6596 S.W. 63RD TERRACE
SOUTH MIAMI FL 33143

Mailing Address

6596 S.W. 63RD TERRACE
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0629609

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1501 VENERA AVE

26 1501 VENERA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #212

27 #212

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33144

25 DADE

29 33144

30 DADE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEENO, JULIE
6596 S.W. 63RD TERRACE
SOUTH MIAMI FL 33143

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 PD
NAME STEENO, JULIE
STREET ADDRESS 6596 S.W. 63RD TERRACE
CITY-ST-ZIP SOUTH MIAMI FL 33143

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BAILEY, ANNETTE
STREET ADDRESS 6596 S.W. 63RD TERRACE
CITY-ST-ZIP SOUTH MIAMI FL 33143

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME TITUS, NANCY
STREET ADDRESS 1501 VENERA #213
CITY-ST-ZIP SOUTH MIAMI FL 33146

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a separate sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

Date

305 766 2500

Daytime Phone #

CR2E037 (12/95)