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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1501 VENERA AVE
SUITE 212
CORAL GABLES FL 33146
US

1501 VENERA AVE
SUITE 212
CORAL GABLES FL 33146 3002
US

3. Date Incorporated or Qualified
12/22/1995

3a. Date of Last Report
05/30/1996

2. Principal Place of Business
21 4960 S.W. 72 AVENUE

2a. Mailing Address
26 4960 S.W. 72 Avenue

4. FEI Number
65-0629609

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301

27 301

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33143

25

29 33143

30

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

3.2 NAME
3.3 STREET ADDRESS 5765 S.W. 77 Terrace
3.4 CITY-ST-ZIP South Miami, Florida 33143

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 amendment with an address.

SIGNATURE:

[Signature]

7/21/97

35-112-5200

CR2E037 (9/96)