2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# N95000006016

Entity Name: DADE COUNTY MUNICIPAL CLERKS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CITY CLERK'S OFFICE
500 SW 109 AVENUE
SWEETWATER, FL 33174

New Principal Place of Business:

Current Mailing Address:

C/O CITY CLERK'S OFFICE
500 SW 109 AVENUE
SWEETWATER, FL 33174

New Mailing Address:

C/O CITY CLERK'S OFFICE
790 N HOMESTEAD BLVD
HOMESTEAD, FL 33030

FEI Number: 65-0635128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHMIDT, MARIE O CMC
500 SW 109 AVENUE
SWEETWATER, FL 33174 US

Name and Address of New Registered Agent:

SHEDD, SHEILA P CMC
790 N HOMESTEAD BLVD
HOMESTEAD, FL 33030 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHEILA PAUL SHEDD 10/04/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHMIDT, MAIRE O CMC
Address: 500 SW 109 AVENUE
City-St-Zip: SWEETWATER, FL 33174

Title: VPD (X) Delete
Name: SPELORZI, CARMEN M
Address: 7903 EAST DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: S ( ) Delete
Name: RADER, MEIGHAN J CMC
Address: 8950 SW 152 STREET
City-St-Zip: PALMETTO BAY, FL 33157

Title: T ( ) Delete
Name: SHEDD, SHEILA P CMC
Address: 790 N HOMESTEAD BOULEVARD
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA PAUL SHEDD T 10/04/2007
Electronic Signature of Signing Officer or Director Date