2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006016

FILED Feb 02, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O CITY CLERK'S OFFICE

500 SW 109 AVENUE

8300 NW 53 STREET SUITE 100

SWEETWATER, FL 33174 DORAL, FL 33166

Current Mailing Address: New Mailing Address:

C/O CITY CLERK'S OFFICE

500 SW 109 AVENUE

8300 NW 53 STREET SUITE 100

SWEETWATER, FL 33174 DORAL, FL 33166

FEI Number: 65-0635128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, CARMEN J CMC
500 SW 109 AVENUE
SWEETWATER, FL 33174 US
HERRERA, BARBARA
8300 NW 53 STREET SUITE 100
DORAL, FL 33166 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: BARBARA HERRERA 02/02/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: HERRERA, BARBARA

Address: 8300 NW 53 STREET SUITE 100

City-St-Zip: DORAL, FL 33166

Title: VP

Name: MENENDEZ, MARIA M CMC Address: 6130 SUNSET DRIVE City-St-Zip: SOUTH MIAMI, FL 33143

Title: S

Name: VIERA, JACQUIE CMC Address: 776 N.E. 125 STREET City-St-Zip: NORTH MIAMI, FL 33161

Title: T

Name: NOVOA, SANDRA CMC Address: 15700 NW 67TH AVENUE City-St-Zip: MIAMI LAKES, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: SANDRA NOVOA T 02/02/2011