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FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000005240 (4)**

1. Corporation Name

**SOUTH DADE'S NEW DIRECTIONS FOR SOCIAL REFORM.**

Principal Place of Business

Mailing Address

14457 SW 127TH CT  
MIAMI FL 3318614457 SW 127TH CT  
MIAMI FL 33186-63353. Date Incorporated or Qualified  
**10/09/1996**3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

21 **Same**26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNAIZ, IRMA L**  
**14457 SW 127TH CT**  
**MIAMI FL 33186**

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 **PCEO** ☐ DELETENAME **HERNAIZ, IRMA L**  
STREET ADDRESS **14457 SW 127TH CT**  
CITY-ST-ZIP **MIAMI FL 33186**1.1 TITLE ☐ Change ☐ AdditionTITLE **D** ☐ DELETENAME **HERNAIZ, IRMA L**  
STREET ADDRESS **14457 SW 127TH CT**  
CITY-ST-ZIP **MIAMI FL 33186**1.2 NAME ☐ Change ☐ AdditionTITLE **VD** ☒ DELETENAME **BISHOP, MAVIS**  
STREET ADDRESS **9240 SW 178TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33157**1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE **TD** ☐ DELETENAME **WEBSTER, ELIJAH**  
STREET ADDRESS **10801 SW 217TH ST**  
CITY-ST-ZIP **MIAMI FL 33170**1.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE **SD** ☐ DELETENAME **GAMBOA, JANNETTE**  
STREET ADDRESS **19358 SW 123 AVE**  
CITY-ST-ZIP **MIAMI FL 33177**3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **WEBSTER, ELIJAH**  
3.3 STREET ADDRESS **10801 SW 217th St.**  
3.4 CITY-ST-ZIP **Miami, FL 33170**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **DREW, MORRIS**  
4.3 STREET ADDRESS **3290 NW 47th St. Apt. 3**  
4.4 CITY-ST-ZIP **Miami, FL 33142**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 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 the 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.

SIGNATURE:

SIGNATURE REQUIRED *Irma Hernay* 3/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033734

CR2E037 (9/96)