2006_NOT-FOR-PROFIT_CORPORATION____ ANNUAL REPORT (AR)

Mar 03, 2006 8:00 am **Secretary of State** DOCUMENT # N96000006411 1. Entity Name 03-03-2006 90122 034 ****61.25 GRAY PANTHERS OF NORTH DADE, INC. Principal Place of Business Mailing Address C/O CLAIRE YANOW 1200 NE MIAMI GARDENS DR., #420 NORTH MIAMI BEACH FL 33179 C/O CLAIRE YANOW 1200 NE MIAMI GARDENS DR., #420 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0443701 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANOW, CLAIRE Street Address (P.O. Box Number is Not Acceptable) C/O CLAIRE YANOW 1200 NE MIAMI GARDENS DR., #420 NORTH MIAMI BEACH FL 33179 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CCVP BLOG, 3 # 701 CCVP TITLE ☐ Delete TITLE ROSEN, REBECCA ROSEN, REPECCA NAME HAML 9407 ASTON GARDENS COURT STREET ADDRESS 2077-48-183-51 #425 STREET ADDRESS MIAMI FL 23154 CITY-ST-ZIP CITY-ST-ZIP [] Addition TITLE ☐ Delete TITLE GREENBERG, GERTRUDE NAME 2777 NE 183 ST., #419 STREET ADDRESS STREET ADDRESS MIAM! FL 33154 CITY - S1 - 71P CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE YANOW, CLAIRE NAME NAME 1200 NE MIAMI GARDENS DR APT 420 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33179 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME BREDEMEIER, MARY 7441 WAYNE AVENUE APT 15C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP COPC ☐ Change ☐ Oelete TITLE ■ Addition FLEISHER, DOROTHY NAME NAME 861 N VENETIAN DR STREET ADDRESS STREET ADDRESS MIAMI FL 33139 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

Claire Farou

2-23-06 305-949-1585

FILED