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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003468 (2)  
1. Corporation Name

DADE ASSOCIATION OF VOCATIONAL, ADULT, CAREER AND COMMUNITY EDUCATION, INC.



Principal Place of Business Mailing Address  
1450 N.E. 2ND AVENUE MIAMI FL 1450 N.E. 2ND AVENUE MIAMI FL

3. Date Incorporated or Qualified 06/16/1997  
4. FEI Number 65-0692185 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
GEYER, GERALDINE M  
1730 N.E. 142 STREET  
NORTH MIAMI FL

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCGAHEE, BOBBY	
STREET ADDRESS	2931 N.W. 188 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JAMES	
STREET ADDRESS	15821 S. ROUNDTABLE ROAD	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEYER, GERALDINE M	
STREET ADDRESS	1730 N.E. 142 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALMARIE RHODEN	
1.3 STREET ADDRESS	10151 N.W. 19 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33147	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUDITH GELINA	
2.3 STREET ADDRESS	51 PARK STREET	
2.4 CITY-ST-ZIP	MIAMI SPAINES, FL. 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 attachment with an address.

SIGNATURE: Geraldine M. Geyer GERALDINE GEYER 3-5-98 305 995-1855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028734

CR2E037 (10/97)