

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003468

FILED
Aug 02, 2005
Secretary of State

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

Current Principal Place of Business:

1450 N.E. 2ND AVENUE
ROOM 826
MIAMI, FL 33132

New Principal Place of Business:

1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132

Current Mailing Address:

1450 N.E. 2ND AVENUE
ROOM 830
MIAMI, FL 33132

New Mailing Address:

1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132

FEI Number: 65-0692185 **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:

CUMMINGS, TOM
1450 N.E. 2ND AVENUE
ROOM 830
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

BRYAN, RALPH S
1450 N.E. 2ND AVENUE
ROOM 834
MIAMI, FL 33132 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: RALPH S. BRYAN

08/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: DEARMAN, DONNA K
Address: 751 DOVE AVE
City-St-Zip: MIAMI, FL 33166

Title: PD () Delete
Name: SUROS, EDNA L
Address: 18180 SW 122 AVE
City-St-Zip: MIAMI, FL 33177

Title: DT () Delete
Name: CUMMIINGS, TOM
Address: 1450 NE 2 AVENUE, ROOM 830
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: GARVIN, ZACHARY
Address: 3422 NW 187 STREET
City-St-Zip: OPA-LOCKA, FL 33056

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

Title: DT (X) Change () Addition
Name: BRYAN, RALPH S
Address: 1450 NE 2 AVENUE, ROOM 834
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH S. BRYAN

DT

08/02/2005

Electronic Signature of Signing Officer or Director

Date