

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005378 (1)**

1. Corporation Name

**THE CHILDREN'S CHARITY LEAGUE OF DADE COUNTY, IN  
C.**



Principal Place of Business <b>18710 NW 29 PLACE MIAMI FL 33056</b>	Mailing Address <b>18710 NW 29 PLACE MIAMI FL 33056</b>
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3. Date Incorporated or Qualified <b>09/22/1997</b>	
4. FEI Number <b>65-0784925</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>MARTIN, COLUMBUS JR 18710 NW 29 PLACE MIAMI FL 33056</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President and director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, COLUMBUS JR	1.2 NAME	Martin, Columbus Jr
STREET ADDRESS	18710 NW 29 PLACE	1.3 STREET ADDRESS	18710 NW 29 Place
CITY - ST - ZIP	MIAMI FL 33056	1.4 CITY - ST - ZIP	Miami, FL 33056
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice President and <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, WILLIE L	2.2 NAME	Golden, Willie L
STREET ADDRESS	18910 NW 29TH PLACE	2.3 STREET ADDRESS	Golden, Willie L
CITY - ST - ZIP	MIAMI FL 33056	2.4 CITY - ST - ZIP	18910 NW 29 Pl. Miami, FL 33056
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<del>Vice President and</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, R C	3.2 NAME	<del>Director, R C Freeman</del>
STREET ADDRESS	9030 SW 170TH ST	3.3 STREET ADDRESS	<del>Director, R C Freeman</del>
CITY - ST - ZIP	MIAMI FL 33157	3.4 CITY - ST - ZIP	<del>Director, R C Freeman</del>
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Secretary and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN, WILLIAM	4.2 NAME	Hawns, James
STREET ADDRESS	5424 SW 169TH ST	4.3 STREET ADDRESS	18535 NW 39th Ave
CITY - ST - ZIP	MIAMI FL 33055	4.4 CITY - ST - ZIP	Miami, FL 33056
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HANNA, JAMES	5.2 NAME	
STREET ADDRESS	18535 NW 39TH AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	LATHAM, JAMES	6.2 NAME	
STREET ADDRESS	14801 SW 103 ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	6.4 CITY - ST - ZIP	

1.1 TITLE	President and director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Martin, Columbus Jr
1.3 STREET ADDRESS	18710 NW 29 Place
1.4 CITY - ST - ZIP	Miami, FL 33056
2.1 TITLE	Vice President and <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Golden, Willie L
2.3 STREET ADDRESS	Golden, Willie L
2.4 CITY - ST - ZIP	18910 NW 29 Pl. Miami, FL 33056
3.1 TITLE	<del>Vice President and</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<del>Director, R C Freeman</del>
3.3 STREET ADDRESS	<del>Director, R C Freeman</del>
3.4 CITY - ST - ZIP	<del>Director, R C Freeman</del>
4.1 TITLE	Secretary and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hawns, James
4.3 STREET ADDRESS	18535 NW 39th Ave
4.4 CITY - ST - ZIP	Miami, FL 33056
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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: *Columbus Martin Jr, President* 3/5/98 305-621-5088

CR2E037 (10/97)