

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001028

1. Entity Name
MIAMI-DADE EMPOWERMENT TRUST, INC.



Principal Place of Business
3050 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137

Mailing Address
3050 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137



02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0911008

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FINNIE, BRYAN K
MIAMI-DADE EMPOWERMENT TRUST, INC.
3050 BISCAYNE BLVD. -SUITE 300
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000049556
02/13/04-80028-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FAIR, T. WILLARD
STREET ADDRESS	8500 NW 25 AVENUE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VPD
NAME	GOLDSBY, W. DEAN SR.
STREET ADDRESS	3050 BISCAYNE BLVD., SUITE 504
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SDT
NAME	CARPENTER, WILLIE
STREET ADDRESS	28801 SW 157 AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 576-4732