

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002898

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE NORTH DADE YOUTH FOUNDATION, INC.

Current Principal Place of Business:

19455 N.W. 12 AVE.
NORTH DADE, FL 33169

New Principal Place of Business:

Current Mailing Address:

PO BOX 4245
NORLAND BRANCH
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 65-0853204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KINGCADE, CARL
17455 SW 33RD COURT
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BASS, WAYNE
Address: 15700 NW 39TH COURT
City-St-Zip: MIAMI, FL 33055 US

Title: VPD () Delete
Name: MCCORMICK, PAMELA
Address: 1100 NW 202ND STREET
City-St-Zip: MIAMI, FL 33169 US

Title: TD () Delete
Name: KINGCADE, CARL
Address: 17455 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 330292607 US

Title: P () Delete
Name: BASS, WAYNE
Address: 15700 NW 39TH CT
City-St-Zip: MIAMI, FL 33055

Title: VP () Delete
Name: BRITT, ANTHONY
Address: 581 BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARL J. KINGCADE

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04/29/2009

Electronic Signature of Signing Officer or Director

Date