

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002898

FILED
Apr 16, 2012
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:

19455 N.W. 12 AVE.
MIAMI GARDENS, FL 33169

Current Mailing Address:

PO BOX 4245
NORLAND BRANCH
MIAMI, FL 33269 US

New Mailing Address:

PO BOX 4245
NORLAND BRANCH
MIAMI GARDENS, FL 33269 US

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: P
Name: MCCORMICK, PAMELA
Address: 1100 NW 202ND STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VPD
Name: KENDRICK, STEPHON
Address: 3931 NW 187TH TER
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: VPD
Name: SMITH, ANDREW
Address: P. O. BOX 1452
City-St-Zip: HALLANDALE, FL 33008 US

Title: TD
Name: KINGCADE, CARL J
Address: 17455 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029 US

Title: SD
Name: GREENE, KIM
Address: 1100 NW 202ND STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

I hereby 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 all other like empowered.

SIGNATURE: CARL KINGCADE

TD

04/16/2012

Electronic Signature of Signing Officer or Director

Date