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.

TREASURER

Titl Na Ado Citv Title Name WELSH, ARLENE Name BAUM, JAY Address 1313 SW 114 ST Address 10901 SW 24 ST City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33165

Of

SIGNATURE: CASSANDRA WESTON

				0.00,20
	Electronic Signature of Registered Agent			Date
fficer/Dired	ctor Detail :			
tle	VPD	Title	SD	
ame	NEVILLE, MIRIAM	Name	BARRIENTOS, MICHELLE	
ddress	401 E. 65TH STREET	Address	401 E. 65TH STREET	
ity-State-Zip:	HIALEAH FL 33013	City-State-Zip:	HIALEAH FL 33013	
itle	TD	Title	PD	
ue		Nome		

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.

Name and Address of Current Registered Agent:

Current Mailing Address:

401 E. 65TH STREET

HIALEAH. FL 33013 US

FEI Number: 59-1153069

WESTON, CASSANDRA 401 E. 65TH STREET HIALEAH, FL 33013 US

401 E. 65TH STREET HIALEAH, FL 33013

Current Principal Place of Business:

DOCUMENT# 711847

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: DADE COUNTY 4-H YOUTH FOUNDATION INC

FILED Apr 03, 2014 Secretary of State CC8970262820

Certificate of Status Desired: Yes

04/03/2014

04/03/2014 Date

Electronic Signature of Signing Officer/Director Detail