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.

PD

SIGNATURE: ARLENE WELSH

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA	NOT FOR PROFIT	CORPORATION	ANNUAL REPORT

DOCUMENT# 711847

Entity Name: MIAMI-DADE COUNTY 4-H ASSOCIATION, INC.

Current Principal Place of Business:

18710 SW 288TH STREET HOMESTEAD, FL 33030

Current Mailing Address:

18710 SW 288TH STREET HOMESTEAD, FL 33030

FEI Number: 45-3527898

Name and Address of Current Registered Agent:

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

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	: CASSANDRA WESTON-HAINSWORTH		03/03/2015			
	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	VPD	Title	SD			
Name	NEVILLE, MIRIAM	Name	BARRIENTOS, MICHELLE			
Address	401 E. 65TH STREET	Address	401 E. 65TH STREET			
City-State-Zip:	HIALEAH FL 33013	City-State-Zip:	HIALEAH FL 33013			
Title	TD	Title	PD			
Name	BAUM, JAY	Name	WELSH, ARLENE			
Address	10901 SW 24 ST	Address	1313 SW 114 ST			
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33176			

Certificate of Status Desired: Yes

03/03/2015

FILED Mar 03, 2015 Secretary of State CC3713952110

Date