## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Arit. #, etc

SIGNATURE:

City & State

21

22



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 73360

(7)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

THE VILLAGE FOUNDATION, INC.

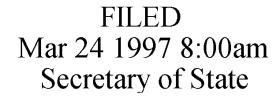
Principal Place of Business Mailing Address
3180 BISCAYNE BLVD.
MIAMI FL 33137 MIAMI FL 33137-4127

26

27

Matthew Gissen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D





XX

3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 08/15/1975

59-1627141

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23]			26					Trust Fund Contribu	1001	Added t	o rees	
Z.p	L Co	puntry	Zip		Country		8.	This corporation has			. 199.032,	
24	25		29	30	<u> </u>			Florida Statutes	☐ Yes			
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
					81	Name						
GISSEN, MATTHEW						Street A	Address (P	O. Box Number is N	ot Acceptable)			
3180 BISCAYNE BLVD							· · · · · · · · · · · · · · · · · · ·					
MIAMI F	L 33137				83							
					84	City				. 85 Zip (	{Ode	
					(*)				F	L		
11. Pursuant	to the provisions of	Sections 617.0502	and 617.1508, F	lorida Statutes,	the above	-named	corporatio	n submits this statem poard of directors. I h	ent for the purpose	of changing it	s registered	
agent La	registered agent, or am familiar with, and	accept the obligati	oris of, Section 6	17.0503, Floric	la Statutes	the corp i.	poration's t	JOAIO OI OIRECIOIS. I II	ereby accept the a	ppointment as	registered	
SIGNATURE												
	Signature, typed or printer	i name of registered agent.		(NOTE R		nt signature	required when		DATE			
12.	<u>-</u>	OFFICERS AND			13.		T	ADDITIONS/CHANGE	S TO OFFICERS A			
Tille	PD	No. 2000. à c	L	DELETE	1.1 TITLE	}	}			Change	Addition	
NAME	GISSEN, MAT				1.2 NAME	ļ	Į					
STREET ADDRESS	3180 BISCAYI	IE BLVD.			1.3 STREET	ADDRESS	1					
CHY-ST-ZIP	MIAMI FL	·····			1.4 CITY - S	t-ZIP						
TITLE	- <del>\$D</del>		L	DELETE	2.1 TITLE	}	V/D			Change	X Addition	
NAMÉ	- LIEBERMAN, 1		_		2.2 NAME	)	1	SON, VALERA			]	
STREET ADDRESS		INDS LAKES BLV			2.3 STREET	address	•	Biscayne B			,	
City - ST - ZiP		BEACH FL 3317	***		2.4 CITY-5	it-ZIP		i, Florida	33137		<del></del>	
TITLE	- <del>v</del> b		L_	DELETE	3.1 TITLE	Į	S/T/	'D		☐ Change	Addition	
NAME	-SILVERMAN.IF				3 2 NAME	1		RY ROEDEL			ļ	
STREET ADDRESS	-10305-SW-90	<del>(H-91</del>			3.3 STREET	ADDRESS		S.W. 88th				
City-St-7iP	-MAMIFL			T	3.4. CITY - 5	st-ZIP	Coop	er City, Fl	<u>orida 3332</u>	8		
TITLE	ł		L.	DELETE	4.1 TITLE					Change	☐ Addition	
NAME					4. 2 NAME	l	l					
STREET ADDRESS	Į.				4.3 STREET	ADDRESS	ļ					
COLY - S1 - 7IP	ļ			T	4.4 CITY - S	T-ZIP	ļ					
11111	1		<u>L</u>	DELETE	5.1 TITLE					Change	Addition	
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STREET ADDRESS	l I				5.3 STREET	ADDRESS	ļ					
CITY - ST - ZIF				1	5.4 CITY - S	T-ZIP				<del></del>		
TITLE			<b>└</b>	DELETE	6.1 TITLE					] Change	Addition	
NAME					6.2 NAME							
STREET ADDRESS	}				. 6.3 STREET	ADDRESS	}					
011Y-S1-74	1	<del></del>			64 CITY-S		<u> </u>					
informatio	on indicated on this	annual report or sur	oplemental annu	al report is true	and accu	irate and	that my si	ection 119.07(3)(i), Flo ignature shall have th	e same legal effect	as if made uni	der oath: that I	
Lani an c	officer or director of	the corporation or th	ne receiver or tru	istee empowere	ed to exec	ute this r	report as re	equired by Chapter 6	17, Florida Statutes	, and that my r	name	
abboats	ID DIOCK 12 DEBIOCH	UNIO II GEMINGRICI MALE	π iaun amranen m∂000 N	rwiin an addre	aa.							