NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733602

171

APPRIOVED AND FILED

98 MAY -4 PM 3: 34

SECRETARY OF STATE

1. Corporation Name					TALLAHASSEE, FLORIDA	
THE VILLAGE FOUNDATION, INC.					`	
Principal Place of Business Mailing Address						
3180 BISCAYNE BLVD. 3180 BISCAYNE B			ILVD.		3. Date Incorporated or Qualified	
MIAMI FL 33137	1	MIAMI FL 33137			08/15/1975	
					4. FEI Number Applied For	
2. Principal P	2a. Mailing Address			59-1627141   Not Applicable		
2. Principal Place of Business		26			Certificate of Status Desired     \$8.75 Additional     Fee Regulred	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent	
GISSEN, MATTHEW						
	CAYNE BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAM! FU			83			
77W WILL 1 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4				84 City		
				FL   '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	ırı t <b>a</b> mıllar with, alto accept the obliç	Jations of, Section 617.0503, Fi	orida Stat	uies.		
SIGNATURE	Signature, typed or printed name of registered ag			d Agent signature req	uired when reinstating) DATE	
12.	<del>/</del>	ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE NAME	PD L. Delete GISSEN, MATTHEW		1.1 Ti	1	4000025161940	
STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS		-05/07/9881122816   <b>8</b>	
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP	*****70.00 *****70.00	
TITLE	VO	DELETE 2.1		TLE	Change Addition	
NAME	JACKSON, VALERA		22 N/	t t		
STREET ADDRESS	0,000 0,000,000		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL STD DELETE		2. 4 C 3.1 TI	ITY-ST-ZIP	Change Addition	
NAME	ROEDEL, JERRY			- 1	Johango La Madillon	
STREET ADDRESS	5781 SW 88TH TERRACE			REET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		3.4. C	ITY - ST - ZIP		
TITLE	1		4.1 10	ľ	☐ Change ☐ Addition	
NAME			4. 2 N			
STREET ADDRESS			1	REET ADDRESS	( han)	
CITY-ST-ZIP TITLE			5.1 TI	TY-ST-ZIP TLE	↑ ↑ ↑ ↑ □ Change □ Addition	
NAME		<del></del>	5.2 NAME		11.17.11.18	
STREET ADDRESS	REET ADDRESS		5.3 ST	REET ADDRESS	" 5H1"I	
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP	<u> </u>	
TITLE			6.1 TII		☐ Change ☐ Addition	
NAME STREET ADDRESS			6.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	L <u></u>		6.4 CI	TY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the appropriation or the receiver of pustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.

**SIGNATURE:** 

The state of the s

Matthew Gissen 4/30/98

3-55733784