

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90031 006 \*\*\*\*70.00

**DOCUMENT # 733602**

1. Entity Name  
**THE VILLAGE FOUNDATION, INC.**



Principal Place of Business  
**3180 BISCAYNE BLVD.  
MIAMI, FL 33137**

Mailing Address  
**3180 BISCAYNE BLVD.  
MIAMI, FL 33137**

**94026245**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-1627141**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GISSIN, MATTHEW  
3180 BISCAYNE BLVD  
MIAMI, FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **GISSIN, MATTHEW**  
STREET ADDRESS **3180 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **VD** ☒ Delete  
NAME **JACKSON, VALERA**  
STREET ADDRESS **3180 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **STD** ☒ Delete  
NAME **ROEDEL, JERRY**  
STREET ADDRESS **5781 SW 88TH TERRACE**  
CITY-ST-ZIP **COOPER CITY, FL**

TITLE **D** ☐ Delete  
NAME **Walsh, Tom** **ADDITION** ☒  
STREET ADDRESS **180 28th AVE.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **STEINBERG, RICHARD**  
STREET ADDRESS **300 EAST CHARLESTON BLVD., # 300**  
CITY-ST-ZIP **LAS VEGAS, NV 89104**

TITLE **VD** ☐ Change ☒ Addition  
NAME **HOLDER, JAY**  
STREET ADDRESS **475 41st STREET**  
CITY-ST-ZIP **MIAMI BEACH, FL 33155**

TITLE **STD** ☐ Change ☒ Addition  
NAME **SILVERMAN, ADAM**  
STREET ADDRESS **839 HERITAGE DRIVE**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **AST** ☐ Change ☒ Addition  
NAME **GRIZZLE, NANCY**  
STREET ADDRESS **569 NW 208 WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **CD** ☐ Change ☒ Addition  
NAME **CASSINGER, MARY**  
STREET ADDRESS **2950 S. INDUSTRIAL ROAD**  
CITY-ST-ZIP **LAS VEGAS, NV 89109**

TITLE **D** ☐ Change ☒ Addition  
NAME **WADHAMS, Jim**  
STREET ADDRESS **1120 SHADOW LANE, #D**  
CITY-ST-ZIP **LAS VEGAS, NV 89102**

12. 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 report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**NANCY GRIZZLE / ASST. Sec. TREAS.** **3/3/04** **305-571-2618**