2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 09, 2007 08:00 A Secretary of State DOCUMENT # 740575 1. Entity Name DR. HERBERT AND NICOLE WERTHEIM FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 4470 SW 74TH AVE 4470 SW 74TH AVE MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Surte, Apt. #, etc 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-1778605 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WERTHEIM, HERBERT A. Street Address (P.O. Box Number is Not Acceptable) 4470 SW 74TH AVE MIAMI FL FL 33155 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 11111 PD Delete IIILE ■ Addition U00000694293 NAM WERTHEIM, HERBERT A. NAME 04/17/07-80012-015 61.25 STREET ADDRESS 191 LEUCADENDRA DR. STREET LADDERSS CITY-ST-71P CHY+S1-ZIP CORAL GABLES FL 33156 ☐ Defete □ Change Addition WERTHEIM, NICOLE J. STREET ADDRESS 191 LEUCADENDRA DR. STREET ADDRESS CITY-ST-7IP **CORAL GABLES FL 33156** CITY ST-7/P TITLE Delete HIE ☐ Change ☐ Addition NAMI NAMI WERTHEIM-ZOHAR, ERICA V STREET ADDRESS STREET ADDRESS 191 LEUCADENDRA DR CHY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33156** Delete ☐ Change ☐ Addition шш DHE NAMI NAME STRUET ADORESS STREET ADDRESS CHY-SI-7/P CHY-ST-ZP Change ntur ☐ Defele шц ■ Addition NAM NAME STREET ADDRESS STRUET ADDRESS CHY-SI-7P CHY-SI-ZIP THE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or trustee one weight 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 employered.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 74, 207

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