

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90023 043 ****61.25

DOCUMENT # N00000003511			
1. Entity Name EVCLAY/PRSA MIAMI CHAPTER ENDOWMENT FUND, INC.			
Principal Place of Business 6701 S W 94TH STREET PINECREST FL 33156		Mailing Address 6701 S W 94TH STREET PINECREST FL 33156	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, ROBERT C 6701 S W 94TH STREET PINECREST FL 33156		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACHEOD, CATHERINE 251-174TH ST, #221 NORTH MIAMI BEACH FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK SELL 10618 NE 11th Ave Miami Shores, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWERMASTER, KEITH 1540 CORNIDA AVE CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEITH BOWERMASTER 1540 Corniche Ave Coral Gables, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTROM, JODI 806 DOUGLAS RD, STE 400 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JODI FORSTROM 806 Douglas Rd, Suite 400 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SARMIENTO, LEO 341 E FLAGLER ST MIAMI FL 33131-1303 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARY BROOKEN 1251 Manor Drive S Weston, FL 33326 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Feb 18, 2004** 305-284-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #