

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90010 042 ****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



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

ROSS, ROBERT C.
6701 S W 94TH STREET
PINECREST FL 33156

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME SELL, MARK
STREET ADDRESS 10618 NE 11TH AVE
CITY-ST-ZIP MIAMI FL 33138

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BOWERMASTER, KEITH
STREET ADDRESS 1540 CORNIDA AVE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME FORSTROM, JODI
STREET ADDRESS 806 DOVELAS RD, STE 400
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME S/D Jessica Morris
STREET ADDRESS 11273 N. Kendall Drive, Apt J114
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete
NAME BROOTEN, GARY
STREET ADDRESS 1251 MANOR DRIVE S
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Robert C. Ross
STREET ADDRESS 6701 S W 94th St
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert C. Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 305-666-0012

Date

Daytime Phone #