

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90084 025 ****61.25

DOCUMENT # N00000003858



1. Entity Name
BESSIE PERRY GARRETT FOUNDATION INC.

Principal Place of Business
**1130 100TH STREET #1
BAY HARBOR ISLAND FL 33154**

Mailing Address
**1130 100TH STREET #1
BAY HARBOR ISLAND FL 33154**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1016314		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GARRETT, BESSIE P 1130 100TH STREET #1 BAY HARBOR ISLAND FL 33154				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

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT, BESSIE PERRY			NAME			
STREET ADDRESS	1130 100TH STREET #1			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, ANTHONY			NAME			
STREET ADDRESS	1130 100TH STREET #1			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, YVONNE			NAME			
STREET ADDRESS	1650 NW. 57. ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUPP, STEPHANIE			NAME			
STREET ADDRESS	7103 S.W. 115 PLACE #G			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Stephanie Rupp **STEPHANIE RUPP** 1/16/03 305-596-5741

CR2E037 (10/02)