

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007823

FILED
Apr 27, 2009
Secretary of State

Entity Name: WARE FOUNDATION, INC.

Current Principal Place of Business:

5825 SUNSET DRIVE
SUITE 306
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

1172 S DIXIE HWY
#529
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 23-7286585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRESCOTT DRUCKER VASALLO PL
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WARE, MARTHA
Address: 6870 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: DED () Delete
Name: EDWARDS, MARK
Address: 6858 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: DV () Delete
Name: KUIPER, ELIZABETH E
Address: 6870 GRANADA BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: DST () Delete
Name: WARE-SOUMAH, MORGAN
Address: P.O. BOX 565548
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK EDWARDS

DP

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date