

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

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 042 ****70.00

DOCUMENT # N00000008570

1. Entity Name
R. A. SANCHEZ FAMILY FOUNDATION, INC.

Principal Place of Business: **9401 BISCAYNE BLVD MIAMI SHORES FL 33138**
Mailing Address: **9401 BISCAYNE BLVD MIAMI SHORES FL 33138**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



03000003



MOORE CR2E037 (11/03)

4. FEI Number **65-1068725**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY
STE 3-B
CORAL GABLES FL 33134**

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**

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: SANCHEZ, RALPH STREET ADDRESS: 9130 SOUTH DADELAND, STE 1628 CITY-ST-ZIP: MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE: VTD NAME: REV. MSGR. JOHN J. VAUGHAN STREET ADDRESS: ARCHDIOCESE OF MIAMI, 9401 BISCAYNE BLVD CITY-ST-ZIP: MIAM SHORES FL 33138	<input type="checkbox"/> Delete
TITLE: SD NAME: FITZGERALD, J. PATRICK STREET ADDRESS: 110 MERRICK WAY, STE 3-B CITY-ST-ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John J. Vaughan*

2-3-04