

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008570

FILED  
Jan 18, 2006  
Secretary of State

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

**Current Principal Place of Business:**

9401 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9401 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 65-1068725      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK ESQ  
110 MERRICK WAY  
STE 3-B  
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: PD ( ) Delete  
Name: SANCHEZ, RALPH  
Address: 9130 SOUTH DADELAND, STE 1628  
City-St-Zip: MIAMI, FL 33156

Title: VTD ( ) Delete  
Name: REV. MSGR. JOHN J. V, AUGHAN  
Address: ARCHDIOCESE OF MIAMI, 9401 BISCAYNE BLVD  
City-St-Zip: MIAM SHORES, FL 33138

Title: SD ( ) Delete  
Name: FITZGERALD, J. PATRICK  
Address: 110 MERRICK WAY, STE 3-B  
City-St-Zip: CORAL GABLES, FL 33134

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: J. PATRICK FITZGERALD

SD

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date