

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000424

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** MIAMI-DADE PUBLIC LIBRARY FOUNDATION, INC.

**Current Principal Place of Business:**

101 WEST FLAGLER STREET  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

101 WEST FLAGLER STREET  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 01-0808831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARRIOLA VELEZ, MARIA C  
35 ALMERIA AVE  
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: PT  
Name: GUDAITIS, CHRISTINE  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: VPT  
Name: HERRON, JANE  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: TT  
Name: ARRIOLA VELEZ, MARIA  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: T  
Name: GROVES, MARGARET  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: T  
Name: ENGELS, NANCY  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: T  
Name: KAPLAN, MITCHELL  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN MURPHY

ED

02/21/2011

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

\_\_\_\_\_  
Date