

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002034

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** TYLER A. NEVERS FOUNDATION, INC.

**Current Principal Place of Business:**

18821 SW 297TH STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

18821 SW 297TH STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 01-0658485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEVERS, PAMELA M DIRECTO  
18821 SW 297TH STREET  
HOMESTEAD, FL 33030 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: D ( ) Delete  
Name: NEVERS, PAM  
Address: 18821 SW 297TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: NEVERS, KEVIN  
Address: 18821 SW 297TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: SHIELDS, SHERRI  
Address: 17991 SW 212TH STREET  
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete  
Name: DWYER, NICOLE  
Address: 14970 SW 157TH COURT  
City-St-Zip: MIAMI, FL 33196

**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: PAMELA M. NEVERS

DIR

04/07/2009

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

\_\_\_\_\_  
Date