

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004986

FILED
Apr 29, 2009
Secretary of State

Entity Name: A MICHAEL FUX FOUNDATION FOR THE BENEFIT OF FLORIDA LAW ENFORCEMENT OFFICERS
INJURED IN THE LINE OF DUTY, INC.

Current Principal Place of Business:

200 SOUTH BISCAYNE BOULEVARD
SUITE 4650
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BOULEVARD
SUITE 4650
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-2681962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORDERO, LUIS A
200 SOUTH BISCAYNE BOULEVARD
SUITE 4650
MIAMI, FL 33131 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: P () Delete
Name: FUX, MICHAEL
Address: 200 SOUTH BISCAYNE BOULEVARD SUITE 4650
City-St-Zip: MIAMI, FL 33131

Title: VP,S () Delete
Name: CORDERO, LUIS A
Address: 200 SOUTH BISCAYNE BOULEVARD SUITE 4650
City-St-Zip: MIAMI, FL 33131

Title: VP,T () Delete
Name: DE PARRE, BARON
Address: 7365 SW 8TH STREET
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: PAPIER, RONALD
Address: 145 SW 25TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: GIORDANO, JEFFREY
Address: 1063 NW 133RD COURT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUX, MICHAEL
Address: 200 S. BISCAYNE BLVD SUITE 4650
City-St-Zip: MIAMI, FL 33131

Title: VP,S (X) Change () Addition
Name: CORDERO, LUIS A
Address: 200 S. BISCAYNE BLVD SUITE 4650
City-St-Zip: MIAMI, FL 33131

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: LUIS A. CORDERO

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date