

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001618

FILED
Apr 19, 2012
Secretary of State

Entity Name: MEDINA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

COURVOISIER CENT I
501 BRICKELL KEY DR., STE 200
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

COURVOISIER CENT I
501 BRICKELL KEY DR., STE 200
MIAMI, FL 33131

New Mailing Address:

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

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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
Name: MEDINA-SCHNUR, MELISSA
Address: 2200 SEGOVIA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD
Name: MEDINA, LISETTE
Address: 7946 FISHER ISLAND DRIVE
City-St-Zip: MIAMI, FL 33109

Title: SD
Name: MEDINA, MANUEL D JR.
Address: 527 8TH AVENUE SOUTH, #303
City-St-Zip: NASHVILLE, FL 33109

Title: TD
Name: SCHNUR, LONNY
Address: 2200 SEGOVIA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: MEDINA, MANUEL D
Address: 501 BRICKELL KEY DR., STE 200, COURVOISIER
City-St-Zip: MIAMI, FL 33131

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: MELISSA MEDINA-SCHNUR

PD

04/19/2012

Electronic Signature of Signing Officer or Director

Date