


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N96000005206</b><br>1. Entity Name<br><b>CANON H. BAXTER LIEBLER FOUNDATION, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>6510 S.W. 93 AVENUE<br/>MIAMI FL 33173</b> | Mailing Address<br><b>6510 S.W. 93 AVENUE<br/>MIAMI FL 33173</b> |
|--|--|



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

1st MOORE      CR2E037 (10/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>31-1542730</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MILIAN, DAVID P ESQ.<br/>2525 PONCE DE LEON<br/>CORAL GABLES FL 33134</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                          | <input type="checkbox"/> Delete |
|----------------------------|--------------------------|---------------------------------|
| TITLE                      | PD<br>LIEBLER, ROBERT F  | <input type="checkbox"/> Delete |
| NAM                        | 6510 S.W. 93 AVENUE      |                                 |
| STREET ADDRESS             | MIAMI FL 33173           |                                 |
| CITY- ST- ZIP              |                          |                                 |
| TITLE                      | VSD<br>LIEBLER, JANICE R | <input type="checkbox"/> Delete |
| NAM                        | 6510 S.W. 93 AVENUE      |                                 |
| STREET ADDRESS             | MIAMI FL 33173           |                                 |
| CITY- ST- ZIP              |                          |                                 |
| TITLE                      | D<br>MILIAN, DAVID P     | <input type="checkbox"/> Delete |
| NAM                        | 2525 PONCE DE LEON BLVD  |                                 |
| STREET ADDRESS             | MIAMI FL 33134           |                                 |
| CITY- ST- ZIP              |                          |                                 |
| TITLE                      | D<br>BODE, MARTHA        | <input type="checkbox"/> Delete |
| NAM                        | 3425 NW 3RD ST           |                                 |
| STREET ADDRESS             | MIAMI FL                 |                                 |
| CITY- ST- ZIP              |                          |                                 |
| TITLE                      | D<br>LIEBLER, MATHEW B   | <input type="checkbox"/> Delete |
| NAM                        | 7721 PICKERWAY DR        |                                 |
| STREET ADDRESS             | CHARLOTTE NC 28213       |                                 |
| CITY- ST- ZIP              |                          |                                 |
| TITLE                      |                          | <input type="checkbox"/> Delete |
| NAM                        |                          |                                 |
| STREET ADDRESS             |                          |                                 |
| CITY- ST- ZIP              |                          |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--------------------------|---|
| TITLE   | U00000690805             |   |
| NAM   | 04/12/07-80005-002 61.25 |   |
| STREET ADDRESS  |                          |   |
| CITY- ST- ZIP   |                          |   |
| TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAM   |                          |   |
| STREET ADDRESS  |                          |   |
| CITY- ST- ZIP   |                          |   |
| TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAM   |                          |   |
| STREET ADDRESS  |                          |   |
| CITY- ST- ZIP   |                          |   |
| TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAM   |                          |   |
| STREET ADDRESS  |                          |   |
| CITY- ST- ZIP   |                          |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date: April 1, 2007 Daytime Phone: \_\_\_\_\_