


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005206**  
 1. Entity Name  
**CANON H. BAXTER LIEBLER FOUNDATION, INC.**



Principal Place of Business <b>6510 S.W. 93 AVENUE MIAMI, FL 33173</b>	Mailing Address <b>6510 S.W. 93 AVENUE MIAMI, FL 33173</b>
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**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>31-1542730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILIAN, DAVID P ESQ.  
 2525 PONCE DE LEON  
 CORAL GABLES, FL 33134**

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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBLER, ROBERT F 6510 S.W. 93 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIEBLER, JANICE R 6510 S.W. 93 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIAN, DAVID P 2525 PONCE DE LEON BLVD MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODE, MARTHA 3425 NW 3RD ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBLER, MATHEW B 7721 PICKERWAY DR CHARLOTTE, NC 28213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000808403  
 02/07/08-80047-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **January 25 2008** 305-274-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #