

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005206

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CANON H. BAXTER LIEBLER FOUNDATION, INC.

**Current Principal Place of Business:**

6510 S.W. 93 AVENUE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

6510 S.W. 93 AVENUE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 31-1542730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILIAN, DAVID P ESQ.  
2525 PONCE DE LEON  
CORAL GABLES, FL 33134      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 ( ) Delete  
Name: LIEBLER, ROBERT F  
Address: 6510 S.W. 93 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: VSD ( ) Delete  
Name: LIEBLER, JANICE R  
Address: 6510 S.W. 93 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MILIAN, DAVID P  
Address: 2525 PONCE DE LEON BLVD  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: BODE, MARTHA  
Address: 3425 NW 3RD ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LIEBLER, MATHEW B  
Address: 7721 PICKERWAY DR  
City-St-Zip: CHARLOTTE, NC 28213

**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:

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: ROBERT FRANCIS LIEBLER

DR.

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date