

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90034 026 \*\*\*\*61.25

**DOCUMENT # N25080**

1. Entity Name  
**MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION,  
INC.**



Principal Place of Business  
**1450 N.E. 2ND AVENUE  
SUITE 912  
MIAMI, FL 33132-8308**

Mailing Address  
**1450 N.E. 2ND AVENUE  
SUITE 912  
MIAMI, FL 33132-8308**

**54027325**



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0093213** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

**7. Name and Address of New Registered Agent**

**STIERHEIM, MERRETT  
1450 NE 2 AVENUE  
MIAMI, FL 33132**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D** ☐ Delete  
NAME **BOLANOS, FRANK J**  
STREET ADDRESS **3024 NW 99 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARRERA, AGUSTIN J.**  
STREET ADDRESS **5030 S.W. 65TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete  
NAME **COBO, FRANK J**  
STREET ADDRESS **7441 SW 125 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ Change ☒ Addition  
NAME **KROP, MICHAEL M**  
STREET ADDRESS **9601 COLLINS AVENUE**  
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE **D** ☐ Delete  
NAME **HANTMAN, PERLA T**  
STREET ADDRESS **16181 W. TROON CIRCLE**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Change ☒ Addition  
NAME **PÉREZ, MARTA R**  
STREET ADDRESS **1208 AGUILA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VT** ☒ Delete  
NAME **HINDS, RICHARD H**  
STREET ADDRESS **13723 SW 109 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **P/S** ☐ Change ☒ Addition  
NAME **STIERHEIM, MERRETT R**  
STREET ADDRESS **6720 S.W. 124TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Delete  
NAME **INGRAM, ROBERT B**  
STREET ADDRESS **1155 SHARAR AVENUE**  
CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE **D** ☐ Change ☒ Addition  
NAME **STINSON, SOLOMON C**  
STREET ADDRESS **6900 N.W. 5TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **D** ☐ Delete  
NAME **KAPLAN, BETSY**  
STREET ADDRESS **6790 SW 122 DRIVE**  
CITY-ST-ZIP **PINECREST, FL 33156**

TITLE **D** ☒ Change ☐ Addition  
NAME **COBO, FRANK J**  
STREET ADDRESS **14410 S.W. 74TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33183**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/24/04 (305) 995-1225**

54027325

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

(ATTACHMENT)

11. Cont'd

VT  
MARQUEZ, EDWARD  
6805 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33041

☐ Change ☒ Addition