

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002875

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** GREATER MIAMI RIVER FOUNDATION, INC.

**Current Principal Place of Business:**

1529 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 331252701

**New Principal Place of Business:**

**Current Mailing Address:**

1529 N.W. SOUTH RIVER DRIVE  
MIAMI, FL 331252701

**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:**

SANCHEZ, NATALIE  
C/O GLORIA ROA BODIN  
2655 LEJEUNE RD # 1001  
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: BODIN, ERIC A  
Address: 1529 N.W. SOUTH RIVER DRIVE  
City-St-Zip: MIAMI, FL 331252701

Title: VD ( ) Delete  
Name: BENITEZ, JACKIE  
Address: 18921 SW 122 AVENUE  
City-St-Zip: MIAMI, FL 33177

Title: SD ( ) Delete  
Name: GARRETT, DAVID V  
Address: 3930 IRVINGTON AVE  
City-St-Zip: COCONUT GROVE, FL 33134

Title: TD ( ) Delete  
Name: BRICENO, RAQUEL  
Address: 242 MADEIRA AVENUE, #4  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SANCHEZ, NATALIE  
Address: 6636 SW 130 PLACE # 1311  
City-St-Zip: MIAMI, FL 33183

Title: TD (X) Change ( ) Addition  
Name: DMILITA, CARLOS  
Address: 800 NE 195 STREET # 403  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BODIN ERIC

PD

03/11/2005

Electronic Signature of Signing Officer or Director

Date