

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 733602

Entity Name: THE VILLAGE FOUNDATION, INC.

Current Principal Place of Business:

169 E FLAGLER STREET
SUITE 1300
MIAMI, FL 33131

Current Mailing Address:

169 E FLAGLER STREET
SUITE 1300
MIAMI, FL 33131 US

FEI Number: 59-1627141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PD
Name STEINBERG, RICHARD E
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title D
Name WALSH, THOMAS II
Address 180 28TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR
Name BOAZMAN, DERRICK
Address C/O URBAN PLANNING SOLUTIONS
1860 BOND DRIVE
City-State-Zip: ATLANTA GA 30315

Title SECRETARY, TREASURER
Name STILES, TINA
Address 1711 WHITNEY MESA DR
City-State-Zip: HENDERSON NV 89014

Title CHAIRMAN, DIRECTOR
Name WADHAMS, JAMES
Address C/O FENNEMORE, CRAID, JONES,
VARGAS
B OF A BLDG., 300 S. 4TH STREET
1400
City-State-Zip: LAS VEGAS NV 89101

Title DIRECTOR
Name PORTER, WILLIAM
Address 1212 E ANDY DEVINE AVE., #101
City-State-Zip: KINGMAN AZ 86401

Title DIRECTOR
Name ABADIN, RAMON
Address 9155 S DADELAND BLVD, DADELAND
CENTRE
1208
City-State-Zip: MIAMI FL 33156

I hereby 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 all other like empowered.

SIGNATURE: TINA STILES _____

SECRETARY/TREASURER 09/17/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date