

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 733602

**Entity Name:** THE VILLAGE FOUNDATION, INC.

**Current Principal Place of Business:**

169 E FLAGLER STREET  
SUITE 1300  
MIAMI, FL 33131

**FILED**  
**Jan 18, 2019**  
**Secretary of State**  
**4835144482CR**

**Current Mailing Address:**

169 E FLAGLER STREET  
SUITE 1300  
MIAMI, FL 33131 US

**FEI Number: 59-1627141**

**Certificate of Status Desired: Yes**

**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: BRENNALUTTER.AST. SECRETARY**

**01/18/2019**

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

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

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

Title DIRECTOR  
Name ABADIN, RAMON  
Address ONE BISCAYNE TOWER, SUITE 1500  
TWO SOUTH BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33131-1822

Title TREASURER  
Name ORTBALS, KEN  
Address 1711 WHITNEY MESA DR  
City-State-Zip: HENDERSON NV 89014

Title SECRETARY  
Name HANNA, JIM  
Address 1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

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*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: JIM HANNA**

**CORP SECRETARY**

**01/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            OKADA, MARY  
Address        P.O. BOX 3566  
City-State-Zip: HAGATNA OC 96932