

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743454

**Entity Name:** ANTHONY R. ABRAHAM FOUNDATION, INC.

**Current Principal Place of Business:**

1320 S. DIXIE HIGHWAY  
241  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1320 S. DIXIE HIGHWAY  
241  
CORAL GABLES, FL 33146

**FEI Number:** 59-1837290

**Certificate of Status Desired:** Yes

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

BRYER, WARREN  
1320 S. DIXIE HIGHWAY  
241  
CORAL GABLES, FL 33146 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 P  
Name ABRAHAM, THOMAS G  
Address 155 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title VPD  
Name ABRAHAM, THOMAS G  
Address 155 SOLANO PRADO  
City-State-Zip: CORAL GABLES FL 33156

Title SD  
Name MALOUF, THOMAS H  
Address 3115 MOSS VALE LANE  
City-State-Zip: TAMPA FL 33618

Title D  
Name ABRAHAM, NORMA J  
Address 4891 S.W. 76 STREET  
City-State-Zip: MIAMI FL 33143

Title D  
Name DANIELS, NICHOLAS M  
Address ONE S.E. THIRD AVE. #2950  
City-State-Zip: MIAMI FL 33131

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:** THOMAS G. ABRAHAM

**PRESIDENT**

**01/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date