# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0300002535

Entity Name: ILAC FOUNDATION, INC.

#### **Current Principal Place of Business:**

2925 BRIDGEPORT AVENUE COCONUT GROVE, FL 33133

### **Current Mailing Address:**

2925 BRIDGEPORT AVENUE COCONUT GROVE, FL 33133 US

## FEI Number: 13-4246159

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

LEVY, BUDDY J 2203 N LOIS AVE 9 FLR STE 12 TAMPA, FL 33607 US FILED Apr 22, 2019 Secretary of State 7192544603CC

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	DP	Title	DS
Name	DAVALOS, MARIO	Name	MOREL, MARCEL DR
Address	JOSE D GUZMAN #6, ELPINO A HONDO	Address	AVE 27 DE FEBRERO #23
City-State-Zip:	SANTO DOMINGO DR	City-State-Zip:	SANTIAGO DR
Title	D	Title	D
Title		Name	HEANEY, ROBERT DR
Name	CAPELLAN, MERCEDES CDRA.	Address	CREIGHTON UNIVERSITY
Address	CARIBBEAN INDUS. PARK AVE HISPANOAMERICANA	City-State-Zip:	OMAHA NE 68178
City-State-Zip:	SANTIAGO DR	Title	DIRECTOR
Title	AS	Name	FERNANDEZ TRAVIESO, ERNESTO
Name	LEVY, BUDDY J	Address	12725 SW 6 STREET
Address	2203 N. LOIS AVE., SUITE 912	City-State-Zip:	MIAMI FL 33184
City-State-Zip:	TAMPA FL 33607		

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: ERNESTO FERNANDEZ TRAVIESO

DIRECTOR

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date