

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002535

**Entity Name:** ILAC FOUNDATION, INC.**Current Principal Place of Business:**2100 SALZEDO ST  
SUITE 201B  
CORAL GABLES, FL 33134**Current Mailing Address:**P O BOX 140727  
CORAL GABLES, FL 33134**FEI Number:** 13-4246159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVY, BUDDY J  
2203 N LOIS AVE 9 FLR STE 12  
TAMPA, FL 33607 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	DP
Name	DAVALOS, MARIO
Address	JOSE D GUZMAN #6, ELPINO A HONDO
City-State-Zip:	SANTO DOMINGO DR

Title	D
Name	CAPELLAN, MERCEDES CDRA.
Address	CARIBBEAN INDUS. PARK AVE HISPANOAMERICANA
City-State-Zip:	SANTIAGO DR

Title	AS
Name	LEVY, BUDDY J
Address	2203 N. LOIS AVE., SUITE 912
City-State-Zip:	TAMPA FL 33607

Title	DS
Name	MOREL, MARCEL DR
Address	AVE 27 DE FEBRERO #23
City-State-Zip:	SANTIAGO DR

Title	D
Name	HEANEY, ROBERT DR
Address	CREIGHTON UNIVERSITY
City-State-Zip:	OMAHA NE 68178

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:** BUDDY LEVY

AS

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date