

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007096

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC5006129148**

**Entity Name:** ATALA FOUNDATION, INC.

**Current Principal Place of Business:**

240 N. KROME AVENUE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

240 N. KROME AVENUE  
HOMESTEAD, FL 33030 US

**FEI Number:** 27-3492616

**Certificate of Status Desired:** Yes

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

SWANSON, CAROLANN ADR.  
2811 SW 3RD AVENUE (CORAL WAY)  
MIAMI, FL 33129 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 BURNS, KRISTINE HDR.  
Address 27000 SW 192ND AVENUE  
City-State-Zip: HOMESTEAD FL 33031

Title VP1  
Name HOWARTH, PATRICIA  
Address 18901 SW 288TH STREET  
City-State-Zip: HOMESTEAD FL 33030

Title T  
Name CHERYL, MORGAN  
Address 1635 NW 9TH CT  
City-State-Zip: HOMESTEAD FL 33030

Title S  
Name ELIZABETH, VALLE  
Address 19600 SW 304TH ST  
City-State-Zip: HOMESTEAD FL 33030

Title VP2  
Name BEATRIZ, SCHEFF  
Address 22650 SW 189TH AVE  
City-State-Zip: MIAMI FL 33170

*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:** KRISTINE BURNS

**MGRM**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date