## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N11000001618

Entity Name: MEDINA FAMILY FOUNDATION, INC.

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

2333 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

2333 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134 US

## FEI Number: 27-5019542

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

UNITED STATES REGISTERED AGENTS, INC. 9300 S. DADELAND BLVD SUITE 600 MIAMI, FL 33156 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	E: JOHN L HOFMANN			06/30/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VPD	
Name	MEDINA-SCHNUR, MELISSA	Name	MEDINA, LISETTE	
Address	2333 PONCE DE LEON BLVD SUITE 900	Address	2333 PONCE DE LEON BLVD SUITE 900	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	SD	Title	D	
Name	MEDINA, MANUEL DJR.	Name	MEDINA, MANUEL D	
Address	375 MONROE STREET	Address	2333 PONCE DE LEON BLVD	
City-State-Zip:	NASHVILLE TN 37208	City-State-Zip:	SUITE 900 CORAL GABLES FL 33134	

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.

PRESIDENT

## SIGNATURE: MANUEL D MEDINA

Electronic Signature of Signing Officer/Director Detail

# FILED Jun 30, 2020 Secretary of State 1034721487CC

Certificate of Status Desired: No

06/30/2020 Date