

**2018 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

**Certificate of Status Desired:** No

**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:** JOHN L HOFMANN

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MEDINA-SCHNUR, MELISSA  
Address 2333 PONCE DE LEON BLVD  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name MEDINA, LISETTE  
Address 2333 PONCE DE LEON BLVD  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name MEDINA, MANUEL DJR.  
Address 375 MONROE STREET  
City-State-Zip: NASHVILLE TN 37208

Title D  
Name MEDINA, MANUEL D  
Address 2333 PONCE DE LEON BLVD  
SUITE 900  
City-State-Zip: 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.*

**SIGNATURE:** MANUEL D MEDINA

**DIRECTOR**

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date