

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003555

**Entity Name:** APPARENT ABILITIES FOUNDATION, INC.

**Current Principal Place of Business:**

2655 S. LE JEUNE ROAD SUITE: 314  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 S. LE JEUNE ROAD SUITE: 314  
CORAL GABLES, FL 33134

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

JOSIE PEREZ VELIS, ESQUIRE  
2655 S. LE JEUNE ROAD SUITE: 314  
CORAL GABLES, FL 33134 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 D, CEO  
Name BLAIRE, BONNIE  
Address 2655 LEJEUNE RD  
# 314  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SUSAN DES ROCHES  
Address 6660 SW 70TH TERRACE  
City-State-Zip: MIAMI FL 33143

Title D, PRESIDENT  
Name BLAIRE, KAREN  
Address 615 ALEDO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D, TREASURER  
Name BLAIRE, ADAM C.  
Address 615 ALEDO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title D, VP  
Name CORREA, MARIA L.  
Address 615 ALEDO AVENUE  
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: BONNIE BLAIRE**

**DIRECTOR**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date