

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005206

**Entity Name:** CANON H. BAXTER LIEBLER FOUNDATION, INC.

**Current Principal Place of Business:**

6510 S.W. 93 AVENUE  
MIAMI, FL 33173

**Current Mailing Address:**

6510 S.W. 93 AVENUE  
MIAMI, FL 33173

**FEI Number: 31-1542730**

**Certificate of Status Desired: No**

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

MILIAN, DAVID PESQ.  
7297 SW 146 STREET-CIRCLE  
MIAMI, FL 33158 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	PD	Title	VSD
Name	LIEBLER, ROBERT FSR	Name	LIEBLER, JANICE R
Address	6510 S.W. 93 AVENUE	Address	6510 S.W. 93 AVENUE
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173
Title	DIRECTROR	Title	D
Name	MILIAN, DAVID P	Name	BODE, MARTHA
Address	7297 SW 146 STREET-CIRCLE	Address	3425 NW 3RD ST
City-State-Zip:	MIAMI FL 33158	City-State-Zip:	MIAMI FL 33125
Title	D		
Name	LIEBLER, MATHEW BESQ.		
Address	7721 PICKERING DR		
City-State-Zip:	CHARLOTTE NC 28213		

*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: ROBERT F. LIEBLER, DMD**

**PRESIDENT**

**04/01/2016**

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

\_\_\_\_\_  
Date