

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.**Current Principal Place of Business:**

% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Current Mailing Address:

809 BOLLING AVENUE UNIT C
CHARLOTTESVILLE, VA 22902 US

FEI Number: 54-1854752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name KEVIN, O'BRIEN A
Address 704 LOCUST AVENUE
City-State-Zip: CHARLOTTESVILLE VA 22902

Title D
Name FERNANDEZ, FREDRICO
Address 3301 PONCE DE LEON BLVD, SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name RODRIGUEZ, BRET
Address 679 FORT SUMPTER CV
City-State-Zip: COLLIERVILLE TN 38017

Title DIRECTOR
Name AIXALA DAWSON, MARI
Address 5786 LA SIERRA DRIVE
City-State-Zip: SANTA ROSA CA 95409

Title DIRECTOR
Name CHRYSLER, ANA MARIA
Address 88 HERRICK RD
City-State-Zip: SOUTHAMPON NY 11968

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: KEVIN A O'BRIEN**DIRECTOR****03/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date