

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050170

Entity Name: CHARITY DEPOSITS CORP.**Current Principal Place of Business:**2103 CORAL WAY
SUITE 200
MIAMI, FL 33145**Current Mailing Address:**2103 CORAL WAY
SUITE 202
MIAMI, FL 33145 US**FEI Number:** 65-1063829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDETTE, WILLIAM R
2103 CORAL WAY
SUITE 200
MIAMI, FL 33145 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	CEOS
Name	BURDETTE, WILLIAM R
Address	2103 CORAL WAY
City-State-Zip:	MIAMI FL 33145

Title	C
Name	BURDETTE, WILLIAM R
Address	2103 CORAL WAY
City-State-Zip:	MIAMI FL 33145

Title	VCTO
Name	FERREIRO, GASPAR
Address	2103 CORAL WAY
City-State-Zip:	MIAMI FL 33145

Title	PD
Name	ESHER, ALEXANDRA
Address	2103 CORAL WAY
City-State-Zip:	MIAMI FL 33145

Title	V, REGIONAL DIRECTOR
Name	STILLMAN, JAY
Address	2103 CORAL WAY
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	KRASNER, THOMAS P
Address	2103 CORAL WAY SUITE 202
City-State-Zip:	MIAMI FL 33145

Title	SYSTEM ARCHITECT
Name	SEGUI, SAMUEL
Address	2103 CORAL WAY SUITE 200
City-State-Zip:	MIAMI FL 33145

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDRA ESHER

PD

04/19/2016

Electronic Signature of Signing Officer/Director Detail_____
Date