

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 025 ****70.00

DOCUMENT # 702859

1. Entity Name

FOUR FREEDOMS HOUSE OF MIAMI BEACH, INC.



Principal Place of Business
**3800 COLLINS AVE.
MIAMI BEACH, FL 33140**

Mailing Address
**3800 COLLINS AVE.
MIAMI BEACH, FL 33140**

40013752



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1033772

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREDA, ESTRELA
3800 COLLINS AVENUE
MIAMI BEACH, FL 33140**

Name

AMERICA R. CASANOVA

Street Address (P.O. Box Number is Not Acceptable)

1518 SW 4 Street, #2

City

Miami

FL

Zip Code

33135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **BRYAN, MARGUERITE**
STREET ADDRESS **700 NORTH HAMPHIRE AVE APT 1007**
CITY-ST-ZIP **WASHINGTON, DC 20037**

TITLE **PD** ☐ Delete
NAME **MAN, BEN J**
STREET ADDRESS **2700 VIRGINIA AVE**
CITY-ST-ZIP **WASHINGTON, DC 20037**

TITLE **SD** ☐ Delete
NAME **SEGALL, PETER H M.D.**
STREET ADDRESS **4302 ALTON ROAD, SUITE 750**
CITY-ST-ZIP **MIAMI BCH, FL 33140**

TITLE **D** ☐ Delete
NAME **FOX, JOHN**
STREET ADDRESS **21 SOUTH 22 STREET**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE **D** ☐ Delete
NAME **FOX, LYNN B**
STREET ADDRESS **21 SOUTH 22 STREET**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/2008

Date

Daytime Phone #

305 534-8291