


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 034 ****61.25

DOCUMENT # 709786 1. Entity Name MIAMI DADE COLLEGE FOUNDATION, INC					
Principal Place of Business 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132			Mailing Address 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132		
2. Principal Place of Business 401 NE 2 AVE		3. Mailing Address Suite, Apt. #, etc. RM 4102			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-6169745	
Zip 33132		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOVANNI, LIMA 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name LIMA, GIOVANNI Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD ARGIZ, ANTONIO L CPA 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD DOTSON, JR., ALBERT E ESQ 200 SOUTH BISCAYNE BLVD., STE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DOTSON, JR., ALBERT E ESQ 200 SOUTH BISCAYNE BLVD., SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DELOACH, SCOTT 2001 NW 107 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FURIA, ARTHUR J ESQ 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GENTRY, SAMUEL W 300 NE 2ND AVENUE, RM 4102 MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, MILLAR 220 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, SHELDON 700 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, GIOVANNI 300 NE 2ND AVENUE, RM 4102 MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>GIOVANNI LIMA</u> 2/14/05 305-237-3248 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40022917



02142005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL Zip Code

DATE

Make check payable to
Florida Department of State

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