

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709786

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: MIAMI DADE COLLEGE FOUNDATION, INC

**Current Principal Place of Business:**

401 NE 2 AVE  
RM 4102  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

300 NE 2 AVENUE  
RM 4102  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 59-6169745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIMA, GIOVANNI  
300 NE 2 AVENUE  
RM 4102  
MIAMI, FL 33132 US

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

LIMA, GIOVANNI CFO  
300 NE 2 AVENUE  
RM 4102  
MIAMI, FL 33132 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: GIOVANNI LIMA

04/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COBD ( ) Delete  
Name: DOTSON, ALBERT E JR ESQ  
Address: 200 SOUTH BISCAYNE BLVD, STE 200  
City-St-Zip: MIAMI, FL 33131

Title: VCD ( ) Delete  
Name: DELOACH, SCOTT  
Address: 2001 NW 107 AVE  
City-St-Zip: MIAMI, FL 33172

Title: SD ( ) Delete  
Name: FURIA, ARTHUR J ESQ  
Address: 2 SOUTH BISCAYNE BLVD., SUITE 3400  
City-St-Zip: MIAMI, FL 33131

Title: ED ( ) Delete  
Name: GENTRY, SAMUEL W  
Address: 300 NE 2ND AVENUE, RM 4102  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: ANDERSON, SHELDON  
Address: 700 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: LIMA, GIOVANNI  
Address: 300 NE 2ND AVENUE, RM 4102  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COBD (X) Change ( ) Addition  
Name: DOTSON, ALBERT E JR ESQ  
Address: 200 SOUTH BISCAYNE BLVD, STE 2500  
City-St-Zip: MIAMI, FL 33131

Title: VCTD (X) Change ( ) Addition  
Name: ANDERSON, SHELDON  
Address: 700 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ICEO (X) Change ( ) Addition  
Name: LEVERING, EUGENE H  
Address: 300 NE 2ND AVENUE, RM 4102  
City-St-Zip: MIAMI, FL 33132

Title: CFO (X) Change ( ) Addition  
Name: LIMA, GIOVANNI  
Address: 300 NE 2ND AVENUE, RM 4102  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GIOVANNI LIMA

CFO

04/06/2006

Electronic Signature of Signing Officer or Director

Date