


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 710008 1. Entity Name THE CALVIN AND FLAVIA OAK FOUNDATION, INCORPORATED		
Principal Place of Business 475 BILTMORE WAY SUITE 303 CORAL GABLES, FL 33134	Mailing Address 475 BILTMORE WAY SUITE 303 CORAL GABLES, FL 33134	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 03052006 No Chg-NP CR2E037 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 59-6192591 </div> <div style="width: 35%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent PECK, JAMES H., II 475 BILTMORE WAY SUITE 303 CORAL GABLES, FL 33134		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNLAP, TULLY F FT. DENAUD RD LABELLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PECK, JAMES H., II 637 SAN LORENZO AVENUE CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS ROMFH, EMILY N (ASST) 3149 BRICKELL AVE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICKERT, CRAIG L. 1111 LINCOLN RD., SUITE 870 MIAMI BCH., FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS 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: <u><i>James H. Peck II</i></u> <u>3/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		