

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 710008

1. Entity Name

**THE CALVIN AND FLAVIA OAK FOUNDATION,
INCORPORATED**



Principal Place of Business

Mailing Address

**475 BILTMORE WAY
SUITE 303
CORAL GABLES FL 33134**

**475 BILTMORE WAY
SUITE 303
CORAL GABLES FL 33134**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6192591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PECK, JAMES H., II
475 BILTMORE WAY
SUITE 303
CORAL GABLES FL 33134**

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: PD ☐ Delete
NAME: DUNLAP, TULLY F
STREET ADDRESS: FT. DENAUD RD
CITY-STATE-ZIP: LABELLE FL

TITLE: SD ☐ Delete
NAME: PECK, JAMES H., II
STREET ADDRESS: 637 SAN LORENZO AVENUE
CITY-STATE-ZIP: CORAL GABLES FL

TITLE: DAS ☐ Delete
NAME: ROMFH, EMILY N (ASST)
STREET ADDRESS: 3149 BRICKELL AVE
CITY-STATE-ZIP: MIAMI FL

TITLE: TD ☐ Delete
NAME: RICKERT, CRAIG L.
STREET ADDRESS: 1111 LINCOLN RD., SUITE 870
CITY-STATE-ZIP: MIAMI BCH. FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition
000000601085
01/26/07-80036-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James H. Peck II James H. Peck II 1/19/07 (305) 446-5255