

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710008

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** THE CALVIN AND FLAVIA OAK FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

475 BILTMORE WAY  
SUITE 303  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

5580 LAGORCE DR  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

475 BILTMORE WAY  
SUITE 303  
CORAL GABLES, FL 33134

**New Mailing Address:**

5580 LAGORCE DR  
MIAMI BEACH, FL 33140

**FEI Number:** 59-6192591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

RICKERT, CRAIG L  
5580 LAGORCE DR  
MIAMI BEACH, FL 33140 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: CRAIG RICKERT

01/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RICKERT, CRAIG L  
Address: 5580 LAGORCE DR  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD  
Name: PECK, JAMES H., II  
Address: 637 SAN LORENZO AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: DAS  
Name: ROMFH, EMILY N (ASST)  
Address: 3149 BRICKELL AVE  
City-St-Zip: MIAMI, FL

I hereby 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 all other like empowered.

SIGNATURE: CRAIG RICKERT

PRES

01/11/2010

Electronic Signature of Signing Officer or Director

Date