

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90236 016 ****61.25

DOCUMENT # 710195
 1. Entity Name
THE ALMA JENNINGS FOUNDATION INCORPORATED



Principal Place of Business Mailing Address
~~222 PONCE DE LEON BLVD~~ **400 University Drive #200** ~~222 PONCE DE LEON BLVD~~ **400 University Drive #200**
~~SUITE 302~~ **SUITE 302** ~~SUITE 302~~ **SUITE 302**
CORAL GABLES, FL 33134 US **CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6168955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUILFORD, FRANK W
~~222 PONCE DE LEON BLVD~~ **PENTHOUSE STE**
~~CORAL GABLES, FL 33134~~
400 University Drive, Suite 200
Coral Gables, Fla. 33134

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	XX
NAME	EMILIO FRANK W JR
STREET ADDRESS	222 PONCE DE LEON BLVD PENTHOUSE STE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	XX
NAME	DESS, ALAN W JR
STREET ADDRESS	222 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DS
NAME	KINE, JEFFREY M
STREET ADDRESS	9010 SW 117 STREET STE 250
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	Guilford Frank W Jr.
STREET ADDRESS	400 University Drive, #200
CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	TD
NAME	Guilford, F.W. Zeke
STREET ADDRESS	400 University Drive #200
CITY-ST-ZIP	Coral Gables, Fla. 33134
TITLE	DS
NAME	Fine, Jeffrey M.
STREET ADDRESS	9010 SW 117 Street
CITY-ST-ZIP	Miami, Fla. 33176

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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 signatures.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (305) 446-8411
 Date Daytime Phone #