NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724958

1. Corporation Name

FRED SHAW FOUNDATION, INC.

Principal Place of Business

C/O CHAMBER SMITH SOUTH

6410 SW 80TH STREET MIAMI FL 33143

Mailing Address

C/O CHAMBER SMITH SOUTH 6410 SW 80TH STREET MIAMI FL 33143

FILED Apr 14, 1999 8:00 am § Secretary of State

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Principal Place of Business 2a. Mailing Address				3. Date incorporated or Qualifed				
21 C/o Cha.	mber South	26 c/o Chambe	er.	South				
Suite, Apt. #,	etc.	Sulte, Apt. #, etc.			4. FEI Number 23-7350267		plied For	
22	27					 	t Applicable `	
City & State	·				5. Certificate of Status Desired	\$8.75 A . Fee Re		
3 28 Zip Zip Country Country Zip Country Country Zip Country Zip Country Zip Country Zip Country Zip Z				_=	& Floation Compaign Financing	\$5.00		
-	F		Country		6. Election Campaign Financing Trust Fund Contribution	Added to		
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MASSON, DONNA G 6410 SW 80TH STREET				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				MIAM! FL 33143				
 			84	City	FI. Ì	85 Zip (code	
-11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its								
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	gnature, typed or printed name of registered agent ar	d title if applicable. (NOTE: Re	egistered Age	nt signature reg	guired when reinstating) DATE	······································		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE D	D DELETE		1.1 TITLE] Change	☐ Addition	
-	GRIMES, JOSEPH		1.2 NAME	ĺ				
				TADDRESS				
1	COCONUT GROVE FL 33133		1.4 CITY-S	T-ZIP	<u> </u>			
			2.1 TITLE] Change	☐ Addition	
NAME [LUDOVICI, SUSAN		2.2 NAME					
	7415 S. DIXIE HWY		2.3 STREE	TADORESS	· ·			
	MAMI FL 33157		2.4 CITY-1	ST-ZiP				
			3.1 TITLE			Change	Addition	
NAME M	MASSON, DONNA G		3.2 NAME					
STREET ADDRESS 7	7523 SW 95TH PLACE		3.3 STREE	T ADDRESS				
CITY-ST-ZIP M	MAMI FL 33173		3.4. CITY-	ST-ZIP		<u>.</u>		
TITLE D) :	☐ DELETE	4.1 TITLE			Change	Addition	
NAME H	HOOD, CHUCK		4. 2 NAME					
	3505 MILLS DRIVE		4.3 STREE	T ADDRESS				
(MIAMI FL 33183 / 449		4.4 CiTY-5	it-ZIP	,	<u> </u>		
TITLE D) / <u>X</u> DELETE 5.1		5.1 TITLE			Change	Addition	
NAME N	MARX, DONALD W.		5.2 NAME					
1 1	0008 SW 152-ST		5.3 STREE	TADORESS				
CITY-ST-ZIPN	MIAMI FL 5.4		5.4 CITY-S	T-ZIP				
	D DELETE 6.		6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	_ Change	☐ Addition	
NAME V	WELLER, PAMELA		6.2 NAME					
	3126 CENTER ST		6.3 STREE	TADDRESS				
-	MIAMI FL 33133		6.4 CITY-5	ST-ZIP				

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 annual report or applemental annual 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 12 or Block 13 if change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

661-1621