

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90424 012 ****61.25

DOCUMENT # 724958 1. Entity Name FRED SHAW FOUNDATION, INC.					
Principal Place of Business C/O CHAMBER SOUTH 6410 SW 80TH STREET MIAMI, FL 33143 US				Mailing Address C/O CHAMBER SOUTH 6410 SW 80TH STREET MIAMI, FL 33143 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7350267	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEL VALLE, KAREN 6410 SW 80 ST MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Mary Scott Russell Street Address (P.O. Box Number is Not Acceptable) 6410 SW 80 Street City South Miami FL Zip Code 33143	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	ST GLYNN, JUDY	<input checked="" type="checkbox"/> Delete	TITLE NAME	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	7565 SW 141ST STREET MIAMI, FL 33158		STREET ADDRESS CITY-ST-ZIP	Russell, Mary Scott 6410 Sw 80 Street South Miami, FL 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	ST HALE, ZAC	<input checked="" type="checkbox"/> Delete	TITLE NAME	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	8884 SW129 TER MIAMI, FL 33176		STREET ADDRESS CITY-ST-ZIP	Gallagher, Bob E. 7400 SW 50 Terr, #201 Miami, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	ST LYONS, PHILIP C	<input checked="" type="checkbox"/> Delete	TITLE NAME	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	9500 S DAELAND BLVD MIAMI, FL 33156		STREET ADDRESS CITY-ST-ZIP	Lyons, Phillip C 9500 S. Dadeland Blvd. Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	C FORBES, RICARDO	<input checked="" type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	8900 N KENDALL DRIVE MIAMI, FL 33176		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	C-E LYONS, PHILLIP C	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	9500 S DAELAND BLVD MIAMI, FL 33156		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P DELVALLE, KAREN	<input checked="" type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	6410 SW 80 ST MIAMI, FL 33143		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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/24/07 (305) Daytime Phone #: 667-5453		