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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740444** (5)

1. Corporation Name

MANFRED MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**17300 S.W. 177 AVENUE
MIAMI FL 33187**

**18530 CARIBBEAN BLVD
MIAMI FL 33157
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/14/1977

4. FEI Number

59-2089153

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**PRISCILLA STEVENS
18530 CARIBBEAN BLVD
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DAVID, GILBERT S.**
STREET ADDRESS **15550 NO. MIA AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **KELSEY, GEORGE W. JR.**
STREET ADDRESS **14841 S.W. 88 AVE.**
CITY- ST- ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE
NAME **GOMPERS, GAYE DR.**
STREET ADDRESS **11309 SW 167 TERRACE**
CITY- ST- ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **STEVENS, PRISCILLA**
STREET ADDRESS **18530 CARIBBEAN BLVD.**
CITY- ST- ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **KORNER, ROBERT D**
STREET ADDRESS **3211 PONCE DE LEON**
CITY- ST- ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **COOK, POLLY L**
STREET ADDRESS **9000 SW 62ND COURT**
CITY- ST- ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. 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 supplemental 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 changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/21/98 (305) 653-9345

CR2E037 (10/97)