


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 740444</b><br>1. Entity Name<br><b>MANFRED MEMORIAL FOUNDATION, INC.</b> |  |
|--|---|

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|--|--|
| Principal Place of Business<br><b>2850 SW 27 AVE, 2ND FLOOR<br/>MIAMI FL 33133</b> | Mailing Address<br><b>2850 SW 27 AVE, 2ND FLOOR<br/>MIAMI FL 33133</b> |
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|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc.            | Suite, Apt. # etc. |
| City & State                   | City & State       |
| Zip                            | Country            |

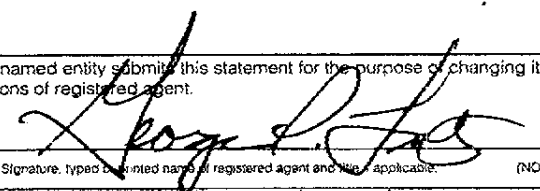


MOORE CR2E037 (11/03)

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>LUTZ, GEORGE<br/>2850 SW 27 AVE, 2ND FLOOR<br/>MIAMI FL 33133</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|---|---|

|  |  |
|--|--|
| 4. FEI Number<br><b>59-2089153</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |  |
|--|---|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>CAMPBELL-EVANS, CLARKE</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000077639</b><br><b>03/05/04-80051-012 70.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>BETANCOURT, GUSTAVO</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>ROWLAND, RICHARD</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>MCCANN, CATHY</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>OTERO, CARLOS</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>TORRES, KIM K</b><br><b>2850 SW 27 AVE, 2ND FLOOR</b><br><b>MIAMI FL 33133</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** 