

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740444

FILED
Jan 07, 2009
Secretary of State

Entity Name: MANFRED MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

2850 SW 27 AVE, 2ND FLOOR
MIAMI, FL 33133

New Principal Place of Business:

2850 SW 27 AVE
MIAMI, FL 33133

Current Mailing Address:

2850 SW 27 AVE, 2ND FLOOR
MIAMI, FL 33133

New Mailing Address:

2850 SW 27 AVE
MIAMI, FL 33133

FEI Number: 59-2089153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, GUSTAVO A
2850 SW 27 AVE, 2ND FLOOR
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZILLMAN, MARCUS
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: V () Delete
Name: MCLEOD, DEBORAH
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: PEREZ, MARIO
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: MADAN, NORA
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BETANCOURT, GUSTAVO
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, KEN
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ANDERSON, JENNIFER
Address: 2850 SW 27 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO A. BETANCOURT

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date