

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749334

**FILED**  
**Mar 09, 2004**  
**Secretary of State**

**Entity Name:** THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2561 CORAL WAY  
MIAMI, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

2561 CORAL WAY  
MIAMI, FL 33415 US

**New Mailing Address:**

**FEI Number:** 59-1998522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUMMINGS, JENNIFER  
2561 CORAL WAY  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: MATER, MICHAEL  
Address: 3132 CENTER ST.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete  
Name: MONTAGUE, ALEX  
Address: 410 ALCAZAR AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: LUCAS, HOWARD,  
Address: 2121 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete  
Name: MOORMAN, ROBERT  
Address: 915 E. L45 OLAS BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAYER, MICHAEL  
Address: 3132 CENTER ST.  
City-St-Zip: COCONUT GROVE, FL 33133

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

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

Title: SD (X) Change ( ) Addition  
Name: GRIFFIN, ANN  
Address: 1636 NE 27 DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL MAYER

PD

03/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date