FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:04

DOCUMENT # **751014** **(2)**

1. Corporation Name
GAINES FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5500 COLLINS AVENUE SUITE 2303 MIAMI BEACH FL 33140	5500 COLLINS AVENUE SUITE 2303 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1980**
3a. Date of Last Report: **02/25/1994**
4. FEI Number: **59-6681696** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

BREIER, ROBERT G.
1320 SOLUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
(Signature, typed or printed name of registered agent and title if agent is a corporation) (Date) (Registered Agent signature required when mailed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS
TITLE	PD	11 TITLE ☐ Change ☐ Addition
NAME	GAINES, BEN B.	12 NAME
STREET ADDRESS	5500 COLLINS AVENUE	13 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP
TITLE	STD	21 TITLE ☐ Change ☐ Addition
NAME	GAINES, HAROLD	22 NAME
STREET ADDRESS	601 REINANTE	23 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP
TITLE	VD	31 TITLE ☐ Change ☐ Addition
NAME	GAINES, EVELYN	32 NAME
STREET ADDRESS	5500 COLLINS AVENUE	33 STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP
TITLE	V	41 TITLE ☐ Change ☐ Addition
NAME	GAINES, LOUIS	42 NAME
STREET ADDRESS	601 REINANTE	43 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Ben B. Gaines 1/12/95 305 - 864-2447
SIGNATURE AND TYPED OR PRINTED NAME OF BENING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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