

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751014**

1. Entity Name  
**GAINES FAMILY FOUNDATION, INC.**



Principal Place of Business  
**808 BRICKELL KEY DRIVE  
SUITE 3203  
MIAMI, FL 33131**

Mailing Address  
**PO BOX 56-6329  
MIAMI, FL 33256**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6681696**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BREIER, ROBERT G.  
2800 PONCE DE LEON BLVD  
#1125  
CORAL GABLES, FL 33134-6912**

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000153775  
05/04/04-80141-002 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
GAINES, HAROLD  
PO BOX 56-6329  
MIAMI, FL 33256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GAINES, EVELYN  
5500 COLLINS AVENUE  
MIAMI BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GAINES, LOUIS  
7321 SW 108 TERR  
MIAMI, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-04 305 255-7991**

Date Daytime Phone #