


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751014</b> 1. Entity Name GAINES FAMILY FOUNDATION, INC.	
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Principal Place of Business 808 BRICKELL KEY DRIVE SUITE 3203 MIAMI, FL 33131	Mailing Address PO BOX 56-6329 MIAMI, FL 33256
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**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6681696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000295667  
04/09/05-80034-025 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  X 4.7.05 (305) 255-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_