


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760841</b> 1. Entity Name <b>LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND, INC.</b>	
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Principal Place of Business <b>19080 NE 29TH AVE AVENTURA, FL 33180</b>	Mailing Address <b>19080 NE 29TH AVE AVENTURA, FL 33180</b>
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**DO NOT WRITE IN THIS SPACE**



02192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2232401</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**GENET (SANDOR F.)  
99 NR 167TH STREET  
MIAMI, FL 33162**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

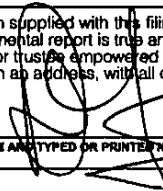
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENET (SANDOR F.) 17355 N.E. 9TH AVENUE N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENET, (HELEN) 17355 N.E. 9TH AVE. N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECKERMAN (SHELDON) 1255 N.E. 172ND STREET N. MIAMI BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000712620  
04/26/07-80055-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **LWG Memorial Fese** 4/10/07 305-933-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #