


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90044 045 \*\*\*\*61.25

<b>DOCUMENT # 764747</b> 1. Entity Name <b>RUTH AND AUGUST GEIGER CHARITY FOUNDATION, INC.</b>					
Principal Place of Business <b>GENE C. SULZBERGER, SUNTRUST 520 CRANDON BLVD, 2ND FLOOR KEY BISCAYNE, FL 33149</b>				Mailing Address <b>GENE C. SULZBERGER, SUNTRUST 520 CRANDON BLVD, 2ND FLOOR KEY BISCAYNE, FL 33149</b>	
2. Principal Place of Business <b>SunTrust Bank, Candace Marshall 200 S Orange Ave</b>				3. Mailing Address <b>Suite, Apt. #, etc. SOAB-8</b>	
Suite, Apt. #, etc. <b>SOAB-8</b>				Suite, Apt. #, etc. 	
City & State <b>Orlando FL</b>				City & State 	
Zip <b>32801</b>		Country <b>US</b>		Zip 	
Country <b>US</b>		Zip 		Country 	
<b>6. Name and Address of Current Registered Agent</b>  <b>SUNTRUST BANK 520 CRANDON BLVD, 2ND FLOOR KEY BISCAYNE, FL 33154</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEAD, D. RICHARD JR. 4990 S.W 72ND AVENUE , #105 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STANTON, FRED R 7490 SW 167TH ST. MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNEIDER, ROBERT R 14 SELBY LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATTLE, BEN JR 7850 NW 146TH STREET MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATTLE, MICHAEL 7850 NW 146TH ST MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILL, MARY CATHERINE 6901 GRENADA BLVD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>D. Richard Mead Jr</i></u> <b>1/28/05 (305) 662-6626</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

**50013856**



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-6159106** Applied For ☐ Not Applicable ☒

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