

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90070 036 ****61.25

DOCUMENT # F96000004888

1. Corporation Name

THE NON-VIOLENCE FOUNDATION, INC.

Principal Place of Business

**300 BISCAYNE BLVD. WAY. SUITE 919
MIAMI FL 33131**

Mailing Address

**300 BISCAYNE BLVD. WAY. SUITE 919
MIAMI FL 33131**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/23/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
13-3812224

Applied For
☒ Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIED, PATRICIA A
14340 BEDFORD CT
FT LAUDERDALE FL 33325**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ACEITUNO, ROBERT**
STREET ADDRESS **200 S BISCAYNE BLVD, SUITE 1700**
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **ONE SE 3 AVE. 15 FLOOR**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SAVEDOFF, STUART D**
STREET ADDRESS **427 BILTMORE WAY SUITE 202**
CITY-ST-ZIP **CORAL GABLES FL 33134**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CRAIG, BARRY**
STREET ADDRESS **200 BISCAYNE BLVD, SUITE 4100**
CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **WARSHAW, DONALD H**
STREET ADDRESS **400 NW 2ND AVE.**
CITY-ST-ZIP **MIAMI FL 33128**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99 **(305) 960-1252**
Date Daytime Phone #

CR2E037 (11/98)