

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003436**



**1. Entity Name**  
 THOMAS E. RODGERS, JR. FOUNDATION, INC.

**Principal Place of Business**  
 600 NE 36 STREET  
 PH-9  
 MIAMI FL 33137

**Mailing Address**  
 600 NE 36 STREET  
 PH-9  
 MIAMI FL 33137



1st MOORE CR2E037 (10/04)

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**      **Applied For**  
 65-1068247       Not Applicable

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

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

**7. Name and Address of New Registered Agent**

DANIELS, NICHOLAS M ESQ.  
 ONE S.E. 3RD AVENUE  
 SUITE 2400  
 MIAMI FL 33131

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City**      **FL**      **Zip Code**

**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** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	RODGERS, THOMAS E JR.	10 LA GORGE CIRCLE	MIAMI FL 33141	<input type="checkbox"/>
D	DELAPLAINE, RENEE Y	10 LA GORGE CIR	MIAMI FL 33141	<input type="checkbox"/>
D	MCKEAN, RANDOLPH	6401 S.W. 87 AVENUE #212	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		000000339638	04/25/05-80165-021 61.25	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** Thomas E. Rodgers Jr      4/20/05      305 576-4110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**THOMAS E. RODGERS, JR.**