

**2006-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90254 009 \*\*\*\*61.25



**DOCUMENT # N000b0005225**

1. Entity Name

**GEORGE MERRICK FOUNDATION, INC.**

Principal Place of Business

1107 S GREENWAY DR  
CORAL GABLES FL 33134

Mailing Address

P O BOX 144353  
CORAL GABLES FL 33114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-1055480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEWITT, RICHARD  
2000 PONCE DE LEON BLVD 6TH FL  
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name **ROBERT A. BURR**  
Street Address **314 ROMANO AVE**  
City **CORAL GABLES FL 33134**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**3/14/06**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BURR, ROBERT A	
STREET ADDRESS	314 ROMANO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, RICHARD	
STREET ADDRESS	1113 CASTLE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURR, ROBIN V	
STREET ADDRESS	314 ROMANO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBURY, DAVID	
STREET ADDRESS	8401 SW 90 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUMOARTNER, SALLY	
STREET ADDRESS	3125 SEGOVIA ST.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRING, DANIEL	
STREET ADDRESS	3645 LOQUAT AVE.	
CITY-ST-ZIP	MIAMI FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Steve Moorman
CITY-ST-ZIP	365 Miracle Mile Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

**3/14/06 305-443-7973**