

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005225

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: GEORGE MERRICK FOUNDATION, INC.

**Current Principal Place of Business:**

1107 S GREENWAY DR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 144353  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 65-1055480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURR, ROBERT A  
314 ROMANO AVE  
MIAMI, FL 33134    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BURR, ROBERT A  
Address: 314 ROMANO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD      ( ) Delete  
Name: BURR, ROBIN V  
Address: 314 ROMANO AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      ( ) Delete  
Name: ALBURY, DAVID  
Address: 8401 SW 90 ST.  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: MOORMAN, STEVE  
Address: 365 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      ( ) Delete  
Name: HARRING, DANIEL  
Address: 3645 LOQUAT AVE.  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BURR

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date