

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005535

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** PAUL AND BEATRIZ HICKS FOUNDATION, INC.

**Current Principal Place of Business:**

ONE GROVE ISLE DRIVE  
APARTMENT NUMBER 1502  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DRIVE  
APARTMENT NUMBER 1502  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 65-1836924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS, PAUL F  
ONE GROVE ISLE DRIVE  
APARTMENT NUMBER 1502  
COCONUT GROVE, FL 33133 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:** PTD  
**Name:** HICKS, PAUL F  
**Address:** ONE GROVE ISLE DRIVE #1502  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** SVD  
**Name:** HICKS, BEATRIZ L  
**Address:** ONE GROVE ISLE DRIVE #1502  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** D  
**Name:** DAVENPORT, ROBIN  
**Address:** 4762 N.W. 5TH PLACE  
**City-St-Zip:** COCONUT CREEK, FL 33063

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL F.HICKS

VP

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date