

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

5/27

05-27-2003 90173 034 ****70.00

DOCUMENT # N00000008302

1. Entity Name

HOMESTEAD HOSPITAL INDIGENT CARE FOUNDATION, INC
AREA

Principal Place of Business

160 N.W. 13 STREET
HOMESTEAD FL 33030

Mailing Address

160 N.W. 13 STREET
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

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

SAXON, KYLE R
169 E. FLAGLER STREET
SUITE 1700
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	OK
NAME	BEARD, WENDELL	
STREET ADDRESS	16903 S.W. 79TH PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARZA, MARIA	
STREET ADDRESS	28300 S.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARPENTER, WILLIE	
STREET ADDRESS	10965 S.W. 175 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	OB	<input type="checkbox"/> Delete
NAME	HANSON, CARL	
STREET ADDRESS	23 DILLY TREE PARK	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADMAN, GEORGE	
STREET ADDRESS	9768 S.W. 106 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOULE, PAUL	
STREET ADDRESS	9471 S.W. 97TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O, CHAIRPERSON	<input checked="" 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	D, VICE CHAIRMAN	<input checked="" 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	SD	<input checked="" 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 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 the 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/03

786 896 6535

Day

Daytime Phone #

CR2E037 (10/02)

Attached
55051451
#N00000008302

**HOMESTEAD AREA
INDIGENT CARE FOUNDATION, INC.**

1320 SOUTH DIXIE HIGHWAY
Suite 1275
MIAMI, FLORIDA 33146
Ph.: 305/903-1267 Fax: 305/661-6477

July 14, 2003

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Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

C:RRR

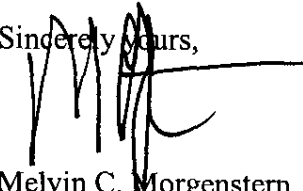
Re: **Homestead Hospital Indigent Care Foundation, Inc.**
Reference No: N00000008302
FEI: 31-1760128

To Whom it May Concern:

On behalf of the Homestead Hospital Indigent Care Foundation, Inc., and as per your request, I am enclosing the copy of the Annual Report/Uniform Business Report which now includes its Federal Employer Identification Number.

Please accept the Report for filing.

Sincerely yours,


Melvin C. Morgenstern
Executive Director

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