


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008570 1. Entity Name R. A. SANCHEZ FAMILY FOUNDATION, INC.	
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Principal Place of Business 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138	Mailing Address 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
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04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068725	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK ESQ 110 MERRICK WAY STE 3-B CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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** _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000360924
05/05/05-80052-013 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, RALPH 9130 SOUTH DADELAND, STE 1628 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD REV. MSGR. JOHN J. VAUGHAN ARCHDIOCESE OF MIAMI, 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERALD, J. PATRICK 110 MERRICK WAY, STE 3-B CORAL GABLES, FL 33134
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John J. Vaughan 4-26-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #