

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90398 027 ****70.00

DOCUMENT # N01000001237

1. Entity Name

KING DAVID FOUNDATION, INC.



Principal Place of Business

17971 BISCAYNE BLVD
STE 117-116
NORTH MIAMI BEACH FL 33160

Mailing Address

17971 BISCAYNE BLVD
STE 117-116
NORTH MIAMI BEACH FL 33160

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

03-0400216

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARELA, ROSA
2801 NE 183 STREET
SUITE 1611W
AVENTURA FL 33160

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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 **D** ☐ Delete
NAME **RODRIGUEZ, MARIA**
STREET ADDRESS **2801 NE 183 STREET SUITE 1611W**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete
NAME **VARELA, ROSA**
STREET ADDRESS **2801 NE 183 STREET SUITE 1611W**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete
NAME **LOWE, SONIA**
STREET ADDRESS **7155 WEST 2ND WAY**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **D** ☐ Delete
NAME **CALERO, TERESITA**
STREET ADDRESS **7707 N.W. SECOND AVENUE**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☐ Delete
NAME **GIRONA, STEVE BS**
STREET ADDRESS **11448 SWIBOR MIRARAW**
CITY-ST-ZIP **HOLLYWOOD FL 33025**

TITLE **D** ☐ Delete
NAME **CASTILLA, LUZ MARY**
STREET ADDRESS **10275 COLLINS AVE, BAL HARBOR FLONTER**
CITY-ST-ZIP **MIAMI BEACH FL 33154**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Officer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Officer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Officer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Maria Teresa Manning BA**
STREET ADDRESS **2780 NE 183 APT 1217C**
CITY-ST-ZIP **Aventura Florida 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Dr. J. Rodriguez Maria G.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

(305) 9356726

Daytime Phone #