


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90057 006 \*\*\*\*61.25

<b>DOCUMENT # N02000000424</b>					
1. Entity Name MIAMI-DADE PUBLIC LIBRARY FOUNDATION, INC.					
Principal Place of Business 101 WEST FLAGLER STREET MIAMI, FL 33130			Mailing Address 101 WEST FLAGLER STREET MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARRIOLA VELEZ, MARIA C 35 ALMERIA AVE CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARY			NAME	<i>Please see attached list</i>
STREET ADDRESS	IBM CORP ONE COLUMBUS CTR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	
TITLE	VPT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINICK, PAULINE			NAME	
STREET ADDRESS	11200 SW 8 ST BLDG MARC #540			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33199			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES ASHLEY, DIANE			NAME	
STREET ADDRESS	100 SE 2 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JESUS JR			NAME	
STREET ADDRESS	ONE HERALD PLAZA			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURKEL, LEONARD			NAME	
STREET ADDRESS	2871 OAK AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MITCHELL			NAME	
STREET ADDRESS	265 ARAGON AVE			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kathleen Murphy</i> <b>Kathleen Murphy</b> 4/1/08 3058955843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01212008 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0808831 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

# ATTACHMENT

## Miami-Dade Public Library Foundation, Inc. Board of Directors

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