

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000424

FILED
Jan 18, 2009
Secretary of State

Entity Name: MIAMI-DADE PUBLIC LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

101 WEST FLAGLER STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

101 WEST FLAGLER STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 01-0808831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARRIOLA VELEZ, MARIA C
35 ALMERIA AVE
CORAL GABLES, FL 33134 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: PT () Delete
Name: YOUNG, MARY
Address: IBM CORP ONE COLUMBUS CTR
City-St-Zip: MIAMI, FL 33134

Title: VPT () Delete
Name: WINICK, PAULINE
Address: 11200 SW 8 ST BLDG MARC #540
City-St-Zip: MIAMI, FL 33199

Title: ST () Delete
Name: DEVRIES ASHLEY, DIANE
Address: 100 SE 2 STREET
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: YOUNG, MARY
Address: ONE COLUMBUS CENTER
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: TURKEL, LEONARD
Address: 2871 OAK AVENUE
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: KAPLAN, MITCHELL
Address: 265 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: WINICK, PAULINE
Address: COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ARRIOLA VELEZ, MARIA
Address: 35 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN MURPHY

ED

01/18/2009

Electronic Signature of Signing Officer or Director

Date