

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002711

FILED
Jul 09, 2007
Secretary of State

Entity Name: HIBISCUS LODGE NO. 275 CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 770218
MIAMI, FL 331770218

New Principal Place of Business:

14830 SW 157 TER
MIAMI, FL 33187

Current Mailing Address:

P.O. BOX 770218
MIAMI, FL 33177

New Mailing Address:

FEI Number: 01-0683090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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: P () Delete
Name: MILLHEISER, PETER J
Address: 13627 DEERING BAY DR. #703
City-St-Zip: CORAL GABLES, FL 33158

Title: VP () Delete
Name: HILL, CHARLES M
Address: 841 HERON AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T () Delete
Name: DUNETZ, ROGER
Address: 88 CADIMA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: CESPEDES, CARLOS
Address: PO BOX 770215
City-St-Zip: MIAMI, FL 331770004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CESPEDES, CARLOS

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07/09/2007

Electronic Signature of Signing Officer or Director

Date