

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002932

1. Entity Name
THE JAYNE AND LEONARD ABESS FOUNDATION, INC.



Principal Place of Business
**C/O LEONARD L ABESS JR
25 WEST FLAGLER STREET
MIAMI, FL 33130**

Mailing Address
**C/O LEONARD L ABESS JR
25 WEST FLAGLER STREET
MIAMI, FL 33130**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0052304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRICKROOT, JOHN C
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL 33130**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000583509
01/11/07-80075-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
ABESS, JAYNE
25 WEST FLAGLER STREET
MIAMI, FL 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ABESS, LEONARD L JR
25 WEST FLAGLER STREET
MIAMI, FL 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ABESS, ASHLEY
28 W FLAGLER ST
MIAMI, FL 33130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

305-577-7275

Daytime Phone #