

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90035 008 \*\*\*\*61.25

<b>DOCUMENT # N02000002932</b>					
<b>1. Entity Name</b> THE JAYNE AND LEONARD ABESS FOUNDATION, INC.					
<b>Principal Place of Business</b> C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130			<b>Mailing Address</b> C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0052304	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STRICKROOT, JOHN C 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
STRICKROOT, JOHN C 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33130			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DVT <b>NAME</b> ABESS, JAYNE <b>STREET ADDRESS</b> 25 WEST FLAGLER STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete				
<b>TITLE</b> DP <b>NAME</b> ABESS, LEONARD L JR <b>STREET ADDRESS</b> 25 WEST FLAGLER STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete				
<b>TITLE</b> DS <b>NAME</b> ABESS, ASHLEY <b>STREET ADDRESS</b> 28 W FLAGLER ST <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>		01/08/08		305-577-7352	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40010769



01082008 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
20-0052304

Applied For  
Not Applicable

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008** **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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> DVT <b>NAME</b> ABESS, JAYNE <b>STREET ADDRESS</b> 25 WEST FLAGLER STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete	<b>TITLE</b> OV <b>NAME</b> Kudner, Daniel S. <b>STREET ADDRESS</b> 25 West Flagler Street <b>CITY-ST-ZIP</b> Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> DP <b>NAME</b> ABESS, LEONARD L JR <b>STREET ADDRESS</b> 25 WEST FLAGLER STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33130	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:** 01/08/08 305-577-7352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #