2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

05-12-2008 90026 001 ****70.00

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1. Entity Name
MIAMI DADE CHAMBER FOUNDATION, INC.



Principal Place of Business 11380 NW 27TH AVENUE SUITE 1328 MIAMI, FL 33167 Mailing Address 11380 NW 27TH AVENUE

SUITE 1328

MIAMI, FL 33167

3. Mailing Address

40100696

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CR2E037 (12/06)

 2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

 Suite, Apt. #, etc.
 Suite, Apt. #, etc.
 01162008

 City & State
 City & State
 4. FEI Numb 56-228

4. FEI Number 56-2282473

Chg-NP

Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired 5. Service Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HOLLOWAY, WILBERT T 17831 NW 28TH COURT MIAMI, FL 33056 Name

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be

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.

9. Election Campaign Financing

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to

Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLLOWAY, WILBERT T NAME 17831 NW 28TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition PARKER, MERVIS NAMÉ NAME STREET ADDRESS 900 SW 100TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, JOHNNIE NAME NAME STREET ADDRESS 2171 NW 65TH STREET STREET ADORESS MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP **PCEO** TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIGGS, WILLIAM NAME 11380 NW 27TH AVENUE, SUITE 1328 STREET ADDRESS STREET ADDRESS MIAMI, FL 33167 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete THTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 receipter oftrustee 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 acid ess. With all the like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

intaceu #

Dovtme Phone #