


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005030	
1. Entity Name SANTANA MOSS FOUNDATION, INC.	

Principal Place of Business 2140 W 62 STREET HIALEAH, FL 33016	Mailing Address 2140 W 62 STREET HIALEAH, FL 33016
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04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0577147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, SANTANA T
7262 SW 123 PLACE
MIAMI, FL 33183

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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 reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, SANTANA T 7262 SW 123 PLACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, NATALIE E 18619 SW 50 COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, LLOYD B 18619 SW 50 COURT MIRAMAR, FL 33029
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05/05/05-80127-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05

Daytime Phone # _____