2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # N03000004949 07 APR 30 PN 4:01 MILDRED H. FAGEN FOUNDATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 11367 SW 85 LANE 11367 SW 85 LANE C/O MILDRED H. FAGEN C/O MILDRED H. FAGEN MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03272007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 30-0185034 Not Applicable 7in \$8.75 Additional Country Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEUERMAN, JONATHAN ESQ Street Address (P.O. Box Number is Not Acceptable) C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE, STE 2400 2950 MIAMI, FL 33131 City 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. Stonature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BOD 1 0 3 0 9 6 4 1 8 05/23/07--01013--021 **61 Delete TITLE Addition TITLE NAME FAGEN, MILDRED H NAME 11376 SW 85 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP DIRECTOR D Defete Jonathan Feuerman Esq. TITLE TITLE ☐ Change Addition NAME YO Therrel Baisden P.A. STREET ADDRESS | SE. 30 AUE # 2450 MILLER, FRAN NAME STREET ADDRESS 11931 SW 132 CT CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Miami , FL 33131 Delete Michael Lyons - DIRECTOR ☐ Change ☐ Addition TITLE TITLE NAME RUBIN, LEX NAME Lyons STREET ADDRESS 230 N.W. 7th Street 1137 S UNIVERSITY DR STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIF Miami, FL 33125 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone