

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N03000008271

1. Entity Name

**MRS. SALLY LUE VEARGIS KIDNEY FOUNDATION,
INC.**



Principal Place of Business

Mailing Address

**3009 NW 51 TER
MIAMI FL 33142**

**3009 NW 51 TER
MIAMI FL 33142**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0356108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORRIS, RICKY
3009 NW 51 TER
MIAMI FL 33142**

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

Ricky Norris

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4-24-07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D NORRIS, RICKY
3009 NW 51 TER
MIAMI FL 33142**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**UN00000730358
05/08/07-80077-013 61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D VEARGIS, BERNARD
1095 NW 58 TER
MIAMI FL 33127**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D HARVEY, QJUEZARI
920 NW 44 ST
MIAMI FL 33127**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ricky Norris **Ricky Norris**

4-24-07 (305)790-6918