

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90004 019 \*\*\*\*61.25

**DOCUMENT # N03000008612**

1. Entity Name  
**THE TREVOR DUHANEY FOUNDATION, INC.**



Principal Place of Business  
**6100 NW 167 STREET  
MIAMI, FL 33014**

Mailing Address  
**6100 NW 167 STREET  
MIAMI, FL 33014**

**54072432**



2. Principal Place of Business

**c/o Trevor Duhaney**  
Suite, Apt. #, etc.  
**1559 NW 82ND AVE**

City & State  
**DORAL, FL**

Zip  
**33126-1019**

3. Mailing Address

**c/o Trevor Duhaney**  
Suite, Apt. #, etc.  
**1559 NW 82ND AVE**

City & State  
**DORAL, FL**

Zip  
**33126-1019**

07082004 Chg-NP CR2E037 (10/03)

4. FEI Number

**30-0207076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, SANDRA**  
**8034 NE 2 AVENUE**  
**MIAMI, FL 33138**

7. Name and Address of New Registered Agent

Name **TREVOR DUHANEY**

Street Address (Do Not Number in New Agent's Address)  
**1559 NW 82ND AVE.**

City **DORAL**

FL

Zip Code **33126**

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

**TREVOR DUHANEY**

(Registered Agent signature required when reinstating)

DATE

**9/1/04**

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

TITLE **P** ☒ Delete  
NAME **BLONDET, LINET**  
STREET ADDRESS **6100 NW 167 STREET**  
CITY-ST-ZIP **MIAMI, FL 33014**

TITLE **VP** ☐ Delete  
NAME **DUHANEY, ELSIE**  
STREET ADDRESS **15538 NW 83 PLACE**  
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **VP** ☐ Delete  
NAME **THUMPKIN, MARY**  
STREET ADDRESS **20834 SAN SIMEON WAY, #C-65**  
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **SECR** ☐ Delete  
NAME **FRANCIS, SANDRA**  
STREET ADDRESS **14039 NW 17 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **TREA** ☐ Delete  
NAME **PHILLIPS, ROY**  
STREET ADDRESS **20195 SW 248 STREET**  
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **PRES. AND SECR.**  
STREET ADDRESS **FRANCIS SANDRA**  
CITY-ST-ZIP **14039 NW 17 AVE**  
**MIAMI, FL 33169**

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

TITLE ☐ Change ☒ Addition  
NAME **CHAIRMAN**  
STREET ADDRESS **TREVOR G. DUHANEY**  
CITY-ST-ZIP **1559 NW 82ND AVE.**  
**DORAL, FL 33126-1019**

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

Date

Daytime Phone #

**9/1/04**