2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2005 8:00 am
Secretary of State
03-10-2005 90165 041 ****61.25

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DOCUMENT # N03000011115

1. Entity Name
BOB AND HEIDE OLIVER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105	201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0527386 ☐ Applied For ☐ Not Applicable

6. 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
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE SUITE 2800 MIAMI, FL 33131	Name Robert M. Oliver Street Address (P.O. Box Number is Not Acceptable) 9501 S.W. 61 Ct City Pinecrest FL Zip Code 33156

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 Robert M. Oliver III X Robert M Oliver 2/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLIVER, ROBERT M III 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OLIVER, HEIDE N 201 ALHAMBRA CIR., STE 510 CORAL GABLES, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAATTAMA, HENRY H JR ONE SE THIRD AVE., 28TH FLOOR MIAMI, FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Stephen R. Oliver 3909 Roosevelt St. Holly Wood, Fl. 33021	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Hance H. Oliver, MD 1709 Devine St. Columbia, S.C. 29201	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Heide N. Oliver Heide N. Oliver 2/10/05 (305) 4446663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #