

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90043 050 \*\*\*\*61.25

**DOCUMENT # N04000003409**  
 1. Entity Name  
**TAFFY GOULD FOUNDATION, INC.**



Principal Place of Business  
 1428 BRICKELL AVENUE, SUITE 400  
 MIAMI, FL 33131

Mailing Address  
 1428 BRICKELL AVENUE, SUITE 400  
 MIAMI, FL 33131

**66010178**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**54-2170123**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOULD MCCALLUM, CATHIE-ELLEN -**  
**10 EDGEWATER DRIVE**  
**UNIT 14-F, GABLES CONDOMINIUM**  
**CORAL GABLES, FL 33133**

7. Name and Address of New Registered Agent  
 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 *Cathie-Elle Gould McCallum*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete GOULD-MCCALLUM, CATHIE-ELLEN 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BERGER, MORRIS I 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CUMMINGS, PAUL M 1428 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cathie-Elle Gould McCallum* Jan 15, 2005 (305) 668-4549  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #