

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 021 ****70.00

DOCUMENT # N04000003531

1. Entity Name
PACK 76, INC.



Principal Place of Business
ST. PHILLIPS EPISCOPAL CHURCH
1142 CORAL WAY
CORAL GABLES, FL 33134

Mailing Address
PACK 76 C/O JESS LAWHORN
1432 MERCADO AVE
CORAL GABLES, FL 33146 US

40112430



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-1471952

Applied For

Not Applicable

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

LAWHORN, JESS S JR
1432 MERCADO AVENUE
CORAL GABLES, FL 33146

Name

Charles S. Sacher

Street Address (P.O. Box Number is Not Acceptable)

2655 Lejeune Road Suite 1101

City

Coral Gables

FL

Zip Code

33134

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

Charles S. Sacher

Charles S. Sacher

4-8-08

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, 2008**

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 D ☒ Delete
NAME RUBIO, CARMELO
STREET ADDRESS 1401 TANGIER STREET
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☐ Change ☒ Addition
NAME Charles S. Sacher
STREET ADDRESS 2655 Lejeune Rd Ste 1101
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ Delete
NAME FAMULARI, DAVID
STREET ADDRESS 1253 MARIANA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☐ Change ☒ Addition
NAME Alex Milton
STREET ADDRESS 3711 SW 27th Street
CITY-ST-ZIP Miami FL 33134

TITLE D ☐ Delete
NAME MADRIL, JOHN
STREET ADDRESS 2421 SAN DOMINGO
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE D ☒ Delete
NAME FERNANDEZ, CESAR
STREET ADDRESS 1930 SW 33 CT
CITY-ST-ZIP MIAMI, FL 33145

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

TITLE D ☒ Delete
NAME LAWHORN, JESS S JR
STREET ADDRESS 1432 MERCADO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 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:

John R Madril John R Madril

4/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #