

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006680

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** BELIZE CARES! COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
1400  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STEVEN I. KALISKY  
P.O.BOX 80-0346  
MIAMI, FL 33280 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAW CENTER OF THE AMERICAS, LLC.  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: KALISKY, STEVEN I  
Address: 17961 BISCAYNE BLVD.  
City-St-Zip: AVENTURA, FL 33160 US

Title: DT  
Name: BUTLER, JEANNE A  
Address: 312 S.E. 17TH STREET, 2ND FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: D  
Name: HALPERIN, RONNY J  
Address: 312 S.E. 17TH STREET, 2ND FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN I. KALISKY

DPS

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date