2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 14, 2008 08:00 A DOCUMENT # N06000006123 Secretary of State 1. Entity Name GERALD J DOBEK FOUNDATION, INC. Principal Place of Business Mailing Address 111 SE 8 AVENUE 111 SE 8 AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-3485855 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, ANNE Street Address (P.O. Box Number is Not Acceptable) 111 SE 8 AVENUE 1501 FORT LAUDERDALE FL 33301 City 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 Signature, typed or printed name of registered agent and the Lipopi cable. (NOTE: Registered Agen) signature inclured when remetating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State řehlik dozazel, de me ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delate TITLE ALLEN, ANNE NAME NAME U0000085**84**42 111 SE 8 AVENUE STE 1501 STREET ADDRESS STREET ADDRESS 04/01/08-80047-008 61.25 FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Detate TITLE ☐ Addition ☐ Change ALLEN, DOUGLAS NAME NAME 111 SE 8 AVENUE STE 1501 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY - ST - ZiP TITLE TITLE Defete ☐ Change ☐ Addition BLOCK, NANCY B NAME MAME STREET ADDRESS 1044 NE 15 AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY- ST- 21P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME N.ASJIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NA' IE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DELE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 outrit 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 entire state like empowered.

SIGNATURE:

Dusglas Aller

3-11-08

954-524-3801