

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009381

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** KOZYAK MINORITY MENTORING FOUNDATION, INC.

**Current Principal Place of Business:**

C/O JOHN W. KOZYAK  
2525 PONCE DE LEON BLVD., 9TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN W. KOZYAK  
2525 PONCE DE LEON BLVD., 9TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 42-1713041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS-BRINGHURST, BRENDA  
2525 PONCE DE LEON BOULEVARD  
9TH FLOOR  
MIAMI, FL 33134 US

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

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:** D  
**Name:** KOZYAK, JOHN W  
**Address:** 2525 PONCE DE LEON BLVD., 9TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** LOPEZ-CASTRO, CORALI  
**Address:** 2525 PONCE DE LEON BLVD., 9TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** SHAW-WILDER, DETRA P  
**Address:** 2525 PONCE DE LEON BLVD., 9TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** COX, MARCY  
**Address:** 1311 MILLER DRIVE, ROOM 112  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** D  
**Name:** SILVERMAN, BARBARA  
**Address:** 255 ARAGON AVENUE, 2ND FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** DETRA SHAW-WILDER

D

02/23/2011

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

\_\_\_\_\_  
Date