

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011990

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** THE JOHN H. MCMINN FOUNDATION, INC.

**Current Principal Place of Business:**

2530 SW 3RD AVE #206  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2530 SW 3RD AVE #206  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 20-8093916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE STE 125  
CORAL GABLES, FL 33146      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: D      ( ) Delete  
Name: MCMINN, JOHN H  
Address: 2530 SW 3RD AVE #206  
City-St-Zip: MIAMI, FL 33129

Title: D      ( ) Delete  
Name: TURNER, DAVID M  
Address: ONE SE 3RD AVE STE 1440  
City-St-Zip: MIAMI, FL 33131

Title: D      ( ) Delete  
Name: SHARE, LESLIE A  
Address: 1500 SAN REMO AVE STE 125  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN H. MCMINN

PRES

05/06/2009

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

\_\_\_\_\_  
Date