

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N07000008209**

1. Entity Name  
**M. ATHALIE RANGE CULTURAL ARTS FOUNDATION,  
INC.**



Principal Place of Business  
**12955 BISCAYNE BLVD SUITE 316  
NORTH MIAMI, FL 33181**

Mailing Address  
**12955 BISCAYNE BLVD SUITE 316  
NORTH MIAMI, FL 33181**



02212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0772835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DEAN-JACKSON, CARMEN  
12955 BISCAYNE BLVD SUITE 316  
NORTH MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

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 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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KNOWLES, G. ERIC 4800 GARFIELD STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAREY-SHULER, BARBARA DR. 606 WEST ATLANTIC DRIVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANGE, N. PATRICK SR 1031 NW 87TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, DONALD 1 SE 3RD AVE 10TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, BETSY 200 SW 24TH ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANGE, PATRICK JR. 1031 NW 87TH STREET MIAMI, FL 33127

1000000855233  
03/27/08-80041-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carmen Dean Jackson*  
Date **Feb. 29, 2008** (305) 899-5468  
Daytime Phone #