

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007888

FILED
Apr 21, 2012
Secretary of State

Entity Name: YVONNE WILLOUGHBY POOLE SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

5937 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

Current Mailing Address:

1 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Mailing Address:

5937 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

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

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
200 SOUTH BISCAYNE BOULEVARD, SUITE 3600
C/O ARNSTEIN & LEHR LLP
MIAMI, FL 33131 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: TUCCI, EDITH
Address: 4620 N. PARK AVE., UNIT 1401E
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: MCINTOSH, HILDA
Address: 4515 WILLARD AVE., 2301 SOUTH
City-St-Zip: CHEVY CHASE, MD 20815

Title: D
Name: CARROLL, DORIS
Address: 4506 SPRINGDALE AVE.
City-St-Zip: BALTIMORE, MD 21207

Title: D
Name: CRAMER, CAROLYN
Address: 3752 VICTORIA RD.
City-St-Zip: PALM BCH, FL 33411

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: EDITH TUCCI

D

04/21/2012

Electronic Signature of Signing Officer or Director

_____ Date