## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # N24096 Feb 26, 2007 08:00 AM 1. Entity Namo **Secretary of State** COURY FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 20458 OLD CUTLER RD P.O. BOX 343914 CORAL GABLES FL 33114 MIAMI FL 33189 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0053690 Not Applicable Zip 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 Name MULLER, CHARLES E. II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD #200 **MIAMI FL 33173** 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME COURY, AMELIA NAME STREET ADDRESS 20458 OLD CUTLER RD STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP MIAMI FL 33189 Change ☐ Addition TD ☐ Delcte III NAME UDDOODDSDBDB BELL, MARYANN STREET ADDRESS 03/08/07-80008-001 70.00 20458 OLD CUTLER RD STREET ADDRESS CHY-ST-7IP CITY-ST-7IP MIAMI FL 33189 HHE ☐ Delete THE ☐ Change Addition NAME LAWRENCE, PATRICIA C. NAME STREET ADDRESS STREET ADDRESS 20458 OLD CUTLER RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BELL, PATRICK W. STREET ADDRESS STREET ADDRESS 20458 OLD CUTLER RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 HILL ☐ Deleie TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete \_\_\_ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP 12. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trustoe empowered to occure 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 attachmost with an address, with all other like empowered.

SIGNATURE:

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