

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 026 ****61.25

DOCUMENT # N25080

1. Entity Name
**MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION,
INC.**



Principal Place of Business
**1450 N.E. 2ND AVENUE
SUITE 912
MIAMI, FL 33132-8308**

Mailing Address
**1450 N.E. 2ND AVENUE
SUITE 912
MIAMI, FL 33132-8308**

54027325



01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0093213 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STIERHEIM, MERRETT
1450 NE 2 AVENUE
MIAMI, FL 33132**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BOLANOS, FRANK J**
STREET ADDRESS **3024 NW 99 PLACE**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Change ☒ Addition
NAME **BARRERA, AGUSTIN J.**
STREET ADDRESS **5030 S.W. 65TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **COBO, FRANK J**
STREET ADDRESS **7441 SW 125 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **D** ☐ Change ☒ Addition
NAME **KROP, MICHAEL M**
STREET ADDRESS **9601 COLLINS AVENUE**
CITY-ST-ZIP **BAL HARBOUR, FL 33154**

TITLE **D** ☐ Delete
NAME **HANTMAN, PERLA T**
STREET ADDRESS **16181 W. TROON CIRCLE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Change ☒ Addition
NAME **PÉREZ, MARTA R**
STREET ADDRESS **1208 AGUILA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VT** ☒ Delete
NAME **HINDS, RICHARD H**
STREET ADDRESS **13723 SW 109 PLACE**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **P/S** ☐ Change ☒ Addition
NAME **STIERHEIM, MERRETT R**
STREET ADDRESS **6720 S.W. 124TH STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Delete
NAME **INGRAM, ROBERT B**
STREET ADDRESS **1155 SHARAR AVENUE**
CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE **D** ☐ Change ☒ Addition
NAME **STINSON, SOLOMON C**
STREET ADDRESS **6900 N.W. 5TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **D** ☐ Delete
NAME **KAPLAN, BETSY**
STREET ADDRESS **6790 SW 122 DRIVE**
CITY-ST-ZIP **PINECREST, FL 33156**

TITLE **D** ☒ Change ☐ Addition
NAME **COBO, FRANK J**
STREET ADDRESS **14410 S.W. 74TH STREET**
CITY-ST-ZIP **MIAMI, FL 33183**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

3/24/04 (305) 995-1225

54027325

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

(ATTACHMENT)

11. Cont'd

VT
MARQUEZ, EDWARD
6805 GLENEAGLE DRIVE
MIAMI LAKES, FL 33041

☐ Change ☒ Addition