

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90021 040 \*\*\*\*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

**50033088**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

01282005 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

STIERHEIM, MERRETT  
 1450 NE 2 AVENUE  
 MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name  
 CREW, RUDOLPH F

Street Address (P.O. Box Number is Not Acceptable)  
 1450 NE 2<sup>ND</sup> AVENUE

City MIAMI FL Zip Code 33132

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 Rudolph F Crew (Rudolph F Crew) 2/4/05  
 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, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	D BOLANOS, FRANK J 3024 NW 99 PLACE MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, FRANK J 7441 SW 125 AVENUE MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANTMAN, PERLA T 16181 W. TROON CIRCLE MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERA, AGUSTIN J 5030 SW 65TH AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ROBERT B 1155 SHARAR AVENUE OPA-LOCKA, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, FRANK J 14410 SW 74TH ST. MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERKOWITZ, MARTIN A 233 S FEDERAL HIGHWAY BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S CREW, RUDOLPH F 3920 CRAWFORD AVENUE COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, EVELYN L 5900 SW 97 <sup>TH</sup> STREET PINECREST, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP, MARTIN 3640 YACHT CLUB DRIVE (1509) AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, ANA 10876 SW 89 <sup>TH</sup> STREET MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTA, PÉREZ 1208 AGUILA, AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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: Martin Berkowitz (Martin Berkowitz) 3/15/05 05-995-1119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#N2500

~~50033088~~

**2005 NOT-FOR-PROFIT  
CORPORATION ANNUAL REPORT (ATTACHMENT)**

11. Cont'd

D  
STINSON, SOLOMON C  
6900 NW 5<sup>TH</sup> AVENUE  
MIAMI, FL 33150

Change  Addition