

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 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**

40107983



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007 Chg-NP CR2E037 (12/06)

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

**CREW, RUDOLPH F
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, 2007**

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
**VTAS
SAN PEDRO, OFELIA
200 N.W. 136 AVENUE
MIAMI, FL 33182** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
CREW, RUDOLPH F
3920 CRAWFORD AVENUE
MIAMI, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DIAZ DE LA PORTILLA, RENIER
4440 NW 107TH AVENUE, APT. #205
MIAMI, FL 33178** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GREER, EVERLYN L
5900 SW 97TH STREET
MIAMI, FL 33158** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KARP, MARTIN
3640 YACHT CLUB DRIVE(1509)*33180
MIAMI, FL 33155** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LOGAN, ANA
10876 SW 89TH STREET
MIAMI, FL 33176** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASSISTANT SECRETARY
ROJAS, SILVIA R
6360 SW 49TH STREET
MIAMI, FL 33155** ☐ Change ☒ Addition

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: Ofelia San Pedro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ofelia San Pedro

4/20/07

Date

Daytime Phone #

11.					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTA PEREZ 1208 AGUILA AVENUE MIAMI, FL 33134	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
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