## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31055

FILED Jan 22, 2009 Secretary of State

Entity Name: THE DEERING ESTATE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16701 SW. 72 AVE MIAMI, FL 33157 US 16701 SW 72 AVE MIAMI, FL 33157 US

Current Mailing Address: New Mailing Address:

16701 SW. 72 AVE MIAMI, FL 33157 US 16701 SW 72 AVE MIAMI, FL 33157 US

FEI Number: 65-0121026 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETTIT, MARY 16701 SW 72ND AVENUE MIAMI, FL 33157 US

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:

Flacture of Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete Title: PRES (X) Change () Addition

 Name:
 KING, RICHARD
 Name:
 FLORES, WALTER

 Address:
 18497 SOUTH DIXIE HIGHWAY
 Address:
 17505 S DIXIE HWY

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: SECR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FRENCH, LYNN
 Name:

 Address:
 7740 SW 181 TERRACE
 Address:

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: TURNER, DAVID Name: TURNER, DAVID

Address: 1 SE THIRD AVENUE Address: 200 S BISCANYE BLVD, SUITE 1770

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

 $\label{eq:title:title:top:problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{($X$) Change ($)$ Addition}$ 

 Name:
 FLORES, WALTER
 Name:
 YGLESIAS, DANIEL

 Address:
 17505 S DIXIE HWY
 Address:
 8640 SW 163 TERR

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN FRENCH SECR 01/22/2009