2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90046 012 ****61.25

DOCUMENT # N33342

1. Entity Name
SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

Principal Place of Business	Mailing Address
% SHOOK HARDY & BACON 201 S BISCAYNE BLVD. # 2400 MIAMI, FL 33131 US	% SHOOK HARDY & BACON 201 S BISCAYNE BLVD. # 2400 MIAMI, FL 33131 US

04082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0145698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH-BILT, VICKI
% SHOOK HARDY & BACON
201 S BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHAMS, SHARON M 201 S BISCAYNE BLVD. # 2200 MIAMI, FL 331314336	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERS, BERNADETTE E. 201 S. BISCAYNE BLVD 10TH FLOOR MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEBER, MICHELLE R 200 S. BISLAYNE BLVD #2500 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MINGO, CHERYL E 2 S BISCAYNE BLVD #1570 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCKAY, ROBIN 201 S. BISCAYNE BLVD #1920 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIRSCH, DAVID 1221 BRICKELL AVE #2200 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DASHER, LISA 2900 MIDDLE ST 5TH FLOOR MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEETS, CAROLE 7990 RED RD MIAMI, FL 331436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ 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 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: David E Hirsch DAVID E HIRSCH, TREASURER 4/12/04 305 789-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #