
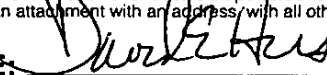


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90279 046 ****61.25

DOCUMENT # N33342 1. Entity Name SOUTH FLORIDA ALA CHARITY FUND INCORPORATED					
Principal Place of Business % SHOOK HARDY & BACON 201 S BISCAYNE BLVD. # 2400 MIAMI, FL 33131 US			Mailing Address % SHOOK HARDY & BACON 201 S BISCAYNE BLVD. # 2400 MIAMI, FL 33131 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	ABRAHAMS, SHARON M				
STREET ADDRESS	201 S BISCAYNE BLVD. # 2200				
CITY-ST-ZIP	MIAMI, FL 331314336				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	WEBER, MICHELLE R				
STREET ADDRESS	200 S. BISLAYNE BLVD #2500				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	SD <input type="checkbox"/> Delete				
NAME	MCKAY, ROBIN				
STREET ADDRESS	201 S. BISCAYNE BLVD #1920				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	TD <input type="checkbox"/> Delete				
NAME	HIRSCH, DAVID				
STREET ADDRESS	1221 BRICKELL AVE #2200				
CITY-ST-ZIP	MIAMI, FL 33131				
TITLE	VD <input type="checkbox"/> Delete				
NAME	DASHER, LISA				
STREET ADDRESS	2900 MIDDLE ST 5TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33133				
TITLE	PD <input type="checkbox"/> Delete				
NAME	SHEETS, CAROLE				
STREET ADDRESS	7990 RED RD				
CITY-ST-ZIP	MIAMI, FL 331436				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BORRIELLO, SANDRA				
STREET ADDRESS	777 BRICKELL AVE #500				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SMITH-BILT, VICKI				
STREET ADDRESS	201 S. BISCAYNE BLVD #2400				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 4/19/2005 305-789-5499					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

00041710



04192005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0145698

Applied For
Not Applicable

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

FL Zip Code