2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90019 003 ****61.25

DOCUMENT # N33885

1. Entity Name
THE LEONARD L. AND BERTHA U. ABESS FOUNDATION, INCORPORATED.

24048998

Principal Place of Business	Mailing Address
25 FLAGLER ST MIAMI, FL 33130 US	LEONARD L ABESS JR 25 W FLAGLER ST 6TH FL MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0151462

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SHOCKETT, WILLIAM E.~~ CAMP, PATRICIA M.
25 WEST FLAGLER STREET
MIAMI, FL 33130

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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 Patricia M. Camp, Patricia M. Camp, Secy/Treas 3-1-04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ABESS, JAYNE
STREET ADDRESS	25 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	PD
NAME	ABESS, LEONARD L. JR.
STREET ADDRESS	25 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	ABESS, ALLAN T. JR.
STREET ADDRESS	25 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	ELLIS, LINDA A
STREET ADDRESS	25 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	ST
NAME	CAMP, PATRICIA M
STREET ADDRESS	25 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Leonard Allen 3/01/04 305-572-735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #