2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered.

KNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2005

305-577-7275 Daysime Phone #

SIGNATURE:

## Feb 09, 2005 08:00 AM DOCUMENT # N33885 1. Entity Name **Secretary of State** THE LEONARD L. AND BERTHA U. ABESS FOUNDATION, INCORPORATED. Principal Place of Business Mailing Address LEONARD L ABESS JR 25 W FLAGLER ST 6TH FL MIAMI FL 33130 25 FLAGLER ST MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 65-0151462 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMP. PATRICIA M Street Address (P.O. Box Number is Not Acceptable) 25 WEST FLAGLER STREET MIAMI FL 33130 City Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when registering) DATE FILE NOW: FEE IS \$61.25 . 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ۷n TITLE Delete THEF Change Addition U00000222667 02/10/05-80010-019 61.25 ABESS, JAYNE NAME NAME 25 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAM! FL 33130 CITY-ST-ZIP CITY-ST-ZIP 7,777 ☐ Delete HILE ☐ Change Addition ABESS, LEONARD L. JR. NAME NAME 25 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE Change Addition ABESS, ALLAN T. JR. NAME NAME STREET ADDRESS 25 WEST FLAGLER ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP THE Delete THE Change ☐ Addition ELLIS, LINDA A NAME 25 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST ZIP CITY-ST-ZIP SI ☐ Delete HILE □ Addition CAMP, PATRICIA M NAME 25 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY - ST - ZIP CITY SI-ZIP TITLE Addition ☐ Delete UILE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CriY-SI-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

FILED