2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N33885

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

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

01082007 No Chg-NP CR2E037 (4/06)

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

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 _____ 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, 2007

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

U00000583510
01/11/07-80075-003 61.25

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	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	D
NAME	ABESS, ASHLEY
STREET ADDRESS	25TH W. 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 exemptions contained 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 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: _____ 1-9-07 303-577-7225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #