

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 25 FLAGLER ST MIAMI, FL 33130 US	Mailing Address LEONARD L. ABESS JR 25 W FLAGLER ST 6TH FL MIAMI, FL 33130 US
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

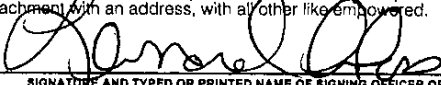
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000583510
01/11/07-80075-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABESS, JAYNE 25 WEST FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABESS, LEONARD L. JR. 25 WEST FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, LINDA A 25 WEST FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMP, PATRICIA M 25 WEST FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABESS, ASHLEY 25TH W. FLAGLER ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07
Date

303-572-7225
Daytime Phone #