

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49149

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: PLANNED GIVING COUNCIL OF DADE COUNTY, INC.

## Current Principal Place of Business:

C/O JOHN ANZIVINO  
2699 S BAYSHORE DR, STE 500  
MIAMI, FL 33133 US

## Current Mailing Address:

C/O JOHN ANZIVINO  
2699 S BAYSHORE DR, STE 500  
MIAMI, FL 33133 US

## New Principal Place of Business:

C/O RICHARD ALAN LEHRMAN  
777 ARTHUR GODFREY ROAD, FOURTH FLOOR  
MIAMI BEACH, FL 33140 US

## New Mailing Address:

C/O RICHARD ALAN LEHRMAN  
777 ARTHUR GODFREY ROAD, FOURTH FLOOR  
MIAMI BEACH, FL 33140 US

FEI Number: 65-0406749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAATTAMA, HENRY H JR  
C/O AKERMAN SENTERFITT & EDISON, P.A.  
ONE SE THIRD AVE, 28TH FLOOR  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: ZENOV, DARIN I  
Address: 200 S BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 331312398

Title: D ( ) Delete  
Name: ANZIVINO, JOHN  
Address: 2699 S. BAYSHORE DRIVE, #500  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: CHASEN, JERRY E  
Address: 420 LINCOLN RD  
City-St-Zip: MIAMI BCH, FL 33139

Title: P ( ) Delete  
Name: CASALE, FRANK  
Address: BARRY UNIVERSITY, 11300 NE 2 AVE  
City-St-Zip: MIAMI, FL 33161

Title: PD ( ) Delete  
Name: LEHRMAN, RICHARD A  
Address: 777 ARTHUR GODFREY RD 4TH FLR  
City-St-Zip: MIAMI, FL 33140

Title: VD ( ) Delete  
Name: DECAIR, RICK  
Address: 601 S.W. 8TH AVE.  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ALAN LEHRMAN

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date