

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001019

FILED
Jul 09, 2008
Secretary of State

Entity Name: THE FLORIDA CITY FOUNDATION, INC.

Current Principal Place of Business:

404 WEST PALM DR
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

BOX 343570
FLORIDA CITY, FL 330340570 US

New Mailing Address:

FEI Number: 65-0409146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAATTAMA, HENRY H JR
% AKERMAN, SENTERFITT & EIDSON, P.A.
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI, FL 33131 US

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: P/D () Delete
Name: WALLACE, OTIS T
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: ST/D () Delete
Name: LOVETT, BENNIE
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: V/D () Delete
Name: BERRY, EUGENE
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: SHIVER, ROY S
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: SMITH, JUANITA
Address: 404 W PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST/D (X) Change () Addition
Name: BERRY, EUGENE
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: V/D (X) Change () Addition
Name: DORSETT, DAURELL
Address: 404 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

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

Title: D (X) Change () Addition
Name: BUTLER, SHARON
Address: 404 W PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OTIS T. WALLACE

P/D

07/09/2008

Electronic Signature of Signing Officer or Director

Date