

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005762**

1. Entity Name

**THE GERALD T. CAMERON FAMILY CHARITABLE  
FOUNDATION, INC.**



Principal Place of Business

**4200 SANTA MARIA STREET  
CORAL GABLES FL 33146  
US**

Mailing Address

**4200 SANTA MARIA STREET  
CORAL GABLES FL 33146  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3237937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 filer if applicable

(NOTE: Registered Agent signature not needed when re-instating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FUERTES, REGINA	
STREET ADDRESS	4200 SANTA MARIA STREET	
CITY- ST- ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, GREGORY	
STREET ADDRESS	60 HIDDEN VALLEY RD	
CITY- ST- ZIP	GROTON MA 01450	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

000000842893  
03/11/08-80049-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Regina Fuerte*

2/24/08 305-665-5506