

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90213 009 ****61.25

DOCUMENT # N94000006097

1. Entity Name
**THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN
THE ARTS AND EDUCATION, INC.**



Principal Place of Business
**C/O MOSS ADAMS LLP
11766 WILSHIRE BLVD, 9TH FLOOR
LOS ANGELES, CA 90025 US**

Mailing Address
**C/O MOSS ADAMS LLP
11766 WILSHIRE BLVD, 9TH FLOOR
LOS ANGELES, CA 90025 US**

40037610



2. Principal Place of Business - No P.O. Box #
C/O Gravier Associates LLP
Suite, Apt. #, etc.
201 Alhambra Circle, Ste 901
City & State
Coral Gables, FL
Zip
33134
Country
USA

3. Mailing Address
C/O Gravier & Associates LLP
Suite, Apt. #, etc.
201 Alhambra Circle, Ste 901
City & State
Coral Gables, FL
Zip
33134
Country
USA

02272008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0541856
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**POPOVICH, ALEXANDER M ESQ
C/O HODGSON RUSS LLP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSPT NEUMAN, JEFFREY L 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMELINO, SILVANA 11766 WILSHIRE BLVD 9TH FLOOR LOS ANGELES, CA 90025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DAVID 11766 WILSHIRE CLVD 9TH FLOOR LOS ANGELES, CA 90025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1172 S. Dixie Hwy, Ste 628 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1172 S. Dixie Hwy, Ste 628 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1172 S. Dixie Hwy, Ste 628 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

2-28-08