2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N95000001818

Entity Name: MIMA FOUNDATION, INC.

Current Principal Place of Business:

5869 STONEWOOD CT.
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7133
JUPITER, FL 334687133 US

New Mailing Address:

FEI Number: 65-0571146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, MARY K CRNA
5869 STONEWOOD CT.
JUPITER, FL 33458 US

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:	PD	( ) Delete
Name:	THOMAS, MARY KAY	
Address:	5869 STONEWOOD CT.	
City-St-Zip:	JUPITER, FL 33458 US	
Title:	VD	( ) Delete
Name:	PODBIELSKI, FRANCIS DR.	
Address:	212 MAPLEWOOD ROAD	
City-St-Zip:	RIVERSIDE, IL 60546 US	
Title:	STD	( ) Delete
Name:	HERNAN, MARY JANEEN	
Address:	8815 W. 44TH PLACE	
City-St-Zip:	BROOKFIELD, IL 60513	
Title:	D	( ) Delete
Name:	BENITEZ, NORBERTO, DR.	
Address:	309 PLANTATION CIRCLE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	JOSEPHS, AILEEN	
Address:	515 N. FLAGLER DR. # 300 PAV	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	CLARKE, DOROTHY	
Address:	8910 PLAINFIELD RD.	
City-St-Zip:	BROOKFIELD, IL 60513	

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:	D	(X) Change ( ) Addition
Name:	DEDO, DOUGLAS D MD	
Address:	4060 PGA BLVD.	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	

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: DOUGLAS D. DEDO, MD D 01/17/2008

Electronic Signature of Signing Officer or Director — Date