

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004068

FILED
Feb 12, 2009
Secretary of State

Entity Name: THE BISCAYNE FOUNDATION, INCORPORATED

Current Principal Place of Business:

2785 N.E. 183RD STREET
2785 NE 183RD ST. #100
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2785 N.E. 183RD STREET
2785 NE 183RD ST. #100
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-0602289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICOWDEN, MARIE A PHD
2785 N.E. 183RD STREET
#100N
AVENTURA, FL 33160 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: D () Delete
Name: DICOWDEN, MARK G
Address: 2785 NE 183ST #100
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: MILLER, MICHAEL R
Address: 2785 NE 183ST #100
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: DICOWDEN, MARIE A PHD
Address: 2785 NE 183ST #100
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: PERLMAN, BARABARA G
Address: 2785 NE 183ST #100
City-St-Zip: AVENTURA, FL 33160

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:

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: MARIE DICOWDEN

DR.

02/12/2009

Electronic Signature of Signing Officer or Director

Date