
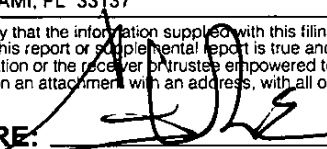


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 034 ****61.25

DOCUMENT # N96000003980					
1. Entity Name THE GARNER FOUNDATION, INC.					
Principal Place of Business 333 NE 23RD ST MIAMI, FL 33137 US			Mailing Address 333 NE 23RD ST MIAMI, FL 33137 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 31-1471961	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, GERALD W 333 NORTHEAST 23RD ST MIAMI, FL 33137			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOPPING, JANICE G		NAME	KATHRYN ANNE PAULK	
STREET ADDRESS	333 NE 23RD STREET		STREET ADDRESS	333 N.E. 23 ST.	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JOHN M		NAME		
STREET ADDRESS	333 NE 23RD STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, MARY E		NAME		
STREET ADDRESS	333 NE 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, BEVERLY		NAME		
STREET ADDRESS	333 NE 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES		NAME		
STREET ADDRESS	333 NE 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GERALD		NAME		
STREET ADDRESS	333 NE 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
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: 			Date: 4 Jan 06 Daytime Phone #: 305.536.2122		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00000041



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
31-1471961

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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, 2006**

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	D	<input type="checkbox"/> Delete
NAME	TOPPING, JANICE G	
STREET ADDRESS	333 NE 23RD STREET	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, JOHN M	
STREET ADDRESS	333 NE 23RD STREET	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, MARY E	
STREET ADDRESS	333 NE 23RD ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES, BEVERLY	
STREET ADDRESS	333 NE 23RD ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	333 NE 23RD ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, GERALD	
STREET ADDRESS	333 NE 23RD ST	
CITY-ST-ZIP	MIAMI, FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN ANNE PAULK	
STREET ADDRESS	333 N.E. 23 ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #