

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2008 08:00 AM  
Secretary of State**

**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**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**31-1471961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, GERALD W  
333 NORTHEAST 23RD ST  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PAULK, KATHRYN A  
333 NE 23RD STREET  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARNER, JOHN M  
333 NE 23RD STREET  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARNER, MARY E  
333 NE 23RD ST  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GRAVES, BEVERLY  
333 NE 23RD ST  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOORE, JAMES  
333 NE 23RD ST  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOORE, GERALD  
333 NE 23RD ST  
MIAMI, FL 33137**

000000733505  
01/22/08-80028-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

**14 JAN '08 305.576.2122**

Date

Daytime Phone #