

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000102

1. Entity Name
PODHURST FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business
**4200 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**4200 BISCAYNE BLVD
MIAMI, FL 33137**



02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0720334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDE, STEPHEN C.
4200 BISCAYNE BLVD
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
OREN, NEDRA
3526 BAYSHORE VILLAS DRIVE
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRODIE, MYRON
4200 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SOLOMON, JACOB
4200 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
LANDE, STEPHEN C
4200 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OLIN, MICHAEL
25 WEST FLAGLER STREET
MIAMI, FL 33128**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PODHURST, AARON
4200 BISCAYNE BLVD
MIAMI, FL 33137**

U00000262055
03/14/05-80038-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/16/05
Date

786-866-8623
Daytime Phone #