


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 23, 2004 08:00 AM  
Secretary of State

**DOCUMENT # N97000001539**  
1. Entity Name  
**MARTHA MAHR BALLET SCHOLARSHIP FUND, INC.**



Principal Place of Business: **137 GIRALDA AVE. CORAL GABLES FL 33134**  
Mailing Address: **137 GIRALDA AVE. CORAL GABLES FL 33134**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country



MOORE CR2E037 (11/03)

4. FEI Number: **65-0722433** Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNSON, CARYL  
8000 S.W. 151 STREET  
MIAMI FL 33158**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW; FEE IS \$61.25  
Due By May 1, 2004**

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: PD NAME: MAHR, MARTHA STREET ADDRESS: 137 GIRALDA AVE. CITY - ST - ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE: VPD NAME: MERENDI, SILVANO STREET ADDRESS: 4111 SW 153 COURT CITY - ST - ZIP: MIAMI FL 32185	<input type="checkbox"/> Delete
TITLE: TD NAME: JOHNSON, CARYL STREET ADDRESS: 8000 S.W. 151 STREET CITY - ST - ZIP: MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE: S NAME: NIETO, MARIA STREET ADDRESS: 333 UNIVERSITY DR. #108 CITY - ST - ZIP: CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000060737  
02/23/04-80052-001 61.25

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: Caryl Johnson (CARYL JOHNSON) 2-14-04 (305) 252-7035 x3208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #