

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001539

FILED
Jul 05, 2005
Secretary of State

Entity Name: MARTHA MAHR BALLET SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

137 GIRALDA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

137 GIRALDA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0722433 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, CARYL
8000 S.W. 151 STREET
MIAMI, FL 33158 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: PD () Delete
Name: MAHR, MARTHA
Address: 137 GIRALDA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: MERENDI, SILVANO
Address: 4111 SW 153 COURT
City-St-Zip: MIAMI, FL 32185

Title: TD () Delete
Name: JOHNSON, CARYL
Address: 8000 S.W. 151 STREET
City-St-Zip: MIAMI, FL 33158

Title: S () Delete
Name: NIETO, MARIA
Address: 333 UNIVERSITY DR. #108
City-St-Zip: CORAL GABLES, FL 33134

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 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 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: MARTHA MAHR

PD

07/05/2005

Electronic Signature of Signing Officer or Director

Date