

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000002152

1. Entity Name  
THE MIRANDO FOUNDATION, INC.



Principal Place of Business  
315 SOUTH LAKE DRIVE  
PALM BEACH, FL 33480

Mailing Address  
315 SOUTH LAKE DRIVE  
PALM BEACH, FL 33480



04282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0750478

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH, FL 33401-0000

**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**

U00000355467  
05/03/05-80148-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MIRANDO, FELIX A JR
STREET ADDRESS	315 SOUTH LAKE DRIVE
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	BATCHELDER, MARGARET F
STREET ADDRESS	315 SOUTH LAKE DRIVE
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	BROWN, MICHAEL A
STREET ADDRESS	315 SOUTH LAKE DRIVE
CITY - ST - ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: *F. A. Mirando Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05  
Date

561-832-5870  
Daytime Phone #