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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003396

1. Corporation Name

VERA CASH FOUNDATION, INC.

271251 - 90088 - 34

Principal Place of Business
**4627 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

Mailing Address
**4627 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/12/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1542883	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**STEVEN C WITTMER
4627 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CHPD	1.1 TITLE	☐ Change ☐ Addition
NAME	WITTMER, STEVEN C	1.2 NAME	
STREET ADDRESS	4627 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	SURIOL, LYNN W	2.2 NAME	
STREET ADDRESS	4627 PONCE DE LEON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	DAS	3.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, KATHERINE	3.2 NAME	
STREET ADDRESS	4627 PONCE DE LEON BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	WITTMER, JOAN	4.2 NAME	
STREET ADDRESS	4627 PONCE DE LEON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	WITTMER, STEVEN T	5.2 NAME	
STREET ADDRESS	4627 PONCE DE LEON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven C Wittmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

305 6667229
Daytime Phone #

CR2F037 (11/98)