

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 033 ****61.25

DOCUMENT # N97000003396 1. Entity Name VERA CASH FOUNDATION, INC.					
Principal Place of Business 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146			Mailing Address 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 31-1542883	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEVEN C WITTMER 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146				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 _____ 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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	CHPD WITTMER, STEVEN C 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SURIOL, LYNN W 6880 SW 44 ST UNIT 100 MIAMI, FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL, KATHERINE 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WITTMER, JOAN 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITTMER, STEVEN T 2014 4TH ST SARASOTA, FL 34237	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 117, 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: <u>Steven C Wittmer</u> 2/16/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					
3056667229 Daytime Phone #					