


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 004 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEVEN C WITTMER 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTMER, STEVEN C		NAME		
STREET ADDRESS	4627 PONCE DE LEON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SURIOL, LYNN W		NAME		
STREET ADDRESS	6880 SW 44 ST UNIT 100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, KATHERINE		NAME		
STREET ADDRESS	4627 PONCE DE LEON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTMER, JOAN		NAME		
STREET ADDRESS	4627 PONCE DE LEON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTMER, STEVEN T		NAME		
STREET ADDRESS	2014 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Steven C Wittmer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/07 305 666 7229 <small>Date Daytime Phone #</small>		