2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90385 030 ****61.25

Applied For

Zip Code

Not Applicable

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DOCUMENT # N97000003396 1. Entity Name VERA CASH FOUNDATION, INC. AUUBBOSS Principal Place of Business Mailing Address 4627 PONCE DE LEON BLVD. 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 31-1542883 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN C WITTMER Street Address (P.O. Box Number is Not Acceptable) 4627 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CHPD TITLE TITLE ☐ Delete ☐ Channe WITTMER, STEVEN C NAME NAME STREET ADDRESS 4627 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP DT TITLE ☐ Delete TITLE Change SURIOL, LYNN W NAME NAME 6880 SW 44 ST UNIT 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE DV ☐ Delete ☐ Change TITLE NAME MARSHALL, KATHERINE NAME STREET ADDRESS 4627 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33146 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.

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WITTMER, JOAN

4627 PONCE DE LEON BLVD.

CORAL GABLES, FL 33146

WITTMER, STEVEN T

SARASOTA, FL 34237

2014 4TH ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Delete

Change

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