

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003396

FILED
Apr 21, 2009
Secretary of State

Entity Name: VERA CASH FOUNDATION, INC.

Current Principal Place of Business:

4627 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4627 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 31-1542883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHPD () Delete
Name: WITTMER, STEVEN C
Address: 4627 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: DT () Delete
Name: SURIOL, LYNN W
Address: 6880 SW 44 ST UNIT 100
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: MARSHALL, KATHERINE
Address: 4627 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: DS () Delete
Name: WITTMER, JOAN
Address: 4627 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: WITTMER, STEVEN T
Address: 2014 4TH ST
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C WITTMER

CHPD

04/21/2009

Electronic Signature of Signing Officer or Director

Date