

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90127 001 ****61.25

DOCUMENT # N97000006396

1. Entity Name

COMMUNITY FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

500 NW 165TH STREET ROAD
 SUITE 205
 MIAMI FL 33169

500 NW 165TH STREET ROAD
 SUITE 205
 MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0812573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPkins, RONALD CPA
 500 NW 165TH STREET ROAD
 SUITE 205
 MIAMI FL 33169

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.

SIGNATURE

[Signature]

4/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, FREDERICA S	
STREET ADDRESS	500 NW 165TH STREET ROAD	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARRIOLA, JOSEPH	
STREET ADDRESS	500 NW 165TH STREET ROAD	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMPkins, RONALD	
STREET ADDRESS	500 NW 165TH STREET ROAD	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHNNIE	
STREET ADDRESS	5757 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, MARY E	
STREET ADDRESS	2131 RUTLAND STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Johnny	
STREET ADDRESS	5757 NW 22 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Mary E.	
STREET ADDRESS	2131 Rutland Street	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mumford, Bobbie	
STREET ADDRESS	500 NW 165th Street Road	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)