

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90144 046 ****61.25

DOCUMENT # N97000006396

1. Entity Name

COMMUNITY FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business

**500 NW 165TH STREET ROAD
SUITE 205
MIAMI FL 33169**

Mailing Address

**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

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

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

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

Ronald Thompson

2/17/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WILLIAMS, JOHNNY**
STREET ADDRESS **5757 NW 22 AVE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VPD** ☐ Delete
NAME **ALLEN, MARY E**
STREET ADDRESS **2131 RUTHLAND STREET**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **STD** ☐ Delete
NAME **THOMPkins, RONALD**
STREET ADDRESS **500 NW 165TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **ED** ☐ Delete
NAME **MUMFORD, BOBBIE**
STREET ADDRESS **500 NW 165TH STREET ROAD**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Ronald Thompson

2/17/2003 (305) 947-1638

CR2E037 (10/02)