## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001479

Entity Name: AGES FOUNDATION, INC.

FILED Sep 01, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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CORAL REEF SR. HIGH 10101 SW 152ND STREET MIAMI, FL 33157

**Current Mailing Address: New Mailing Address:** 

CORAL REEF SR. HIGH C/O A. MCNAUGHTON CORAL REEF SR. HIGH C/O L. FLOYD 10101 SW 152ND STREET 10101 SW 152ND STREET

MIAMI, FL 33157 MIAMI, FL 33157

> FEI Number Not Applicable (X) Certificate of Status Desired ( )

FEI Number Applied For ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARPE, LEON E 4770 BISCAYNE BLVD SUITE 970 MIAMI, FL 33137 US

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:

Name:

FEI Number:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

() Delete YOUNG, CHERYL

Address: 13005 S. W. 114TH COURT City-St-Zip: MIAMI, FL 33176 US

Title: SD ( ) Delete Name: HANNA, PEGGY

Address: 13005 S. W. 114TH COURT City-St-Zip: MIAMI, FL 33176 US

Title: () Delete SMITH, DIANNE Name: 19800 SW 180 AVE. #301 Address: City-St-Zip: MIAMI, FL 33187 US

Title: () Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

PIERLOW, BEVERLY Name: Address: 22209 S.W. 103 AVE City-St-Zip: MIAMI, FL 33190 US

Title: (X) Change ( ) Addition

Name: PEARSON, THOMAS Address: 22209 S.W. 103 AVENUE City-St-Zip: MIAMI, FL 33190 US

Title: (X) Change ( ) Addition

Name: RAMIREZ, MARTA 9040 S.W. 185 STREET Address: City-St-Zip: MIAMI, FL 33157 US

Title: SD ( ) Change (X) Addition

Name: LLUBERES, ROBIN Address: 11400 S.W. 124 STREET City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTA RAMIREZ TD 09/01/2005