

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001479

Entity Name: AGES FOUNDATION, INC.

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

CORAL REEF SR. HIGH
10101 SW 152ND STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

CORAL REEF SR. HIGH C/O L. FLOYD
10101 SW 152ND STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

SHARPE, LEON E
4770 BISCAYNE BLVD
SUITE 970
MIAMI, FL 33137 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: PD () Delete
Name: PEARSON, THOMAS
Address: 12455 SW 143RD LN
City-St-Zip: MIAMI, FL 33186 US

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

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

Title: SD () Delete
Name: LLUBERES, ROBIN
Address: 11400 S.W. 124 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, SUSAN
Address: 7103 SW 128 CT
City-St-Zip: MIAMI, FL 33183 US

Title: VP (X) Change () Addition
Name: MURPHY, JOHN
Address: 28500 SW 159 AVE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: TD (X) Change () Addition
Name: MILLER, KIMBERLY
Address: 12173 SW 122 CT
City-St-Zip: MIAMI, FL 33186 US

Title: SD (X) Change () Addition
Name: STEINMETZ, SHARI
Address: 12865 SW 66 TERR DR
City-St-Zip: MIAMI, FL 33183

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: KIMBERLY MILLER

TD

08/31/2007

Electronic Signature of Signing Officer or Director

Date