

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000003317

1. Entity Name  
THE TOWN OF MEDLEY FOUNDATION, INC.



Principal Place of Business  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

Mailing Address  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0857723

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WOLFE, MELVIN ESQ.  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000452585  
03/13/06-80005-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RODRIGUEZ, RAMON  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEJESUS, MARGARITA  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADVINCULA, EUGENIO  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENEDETTO, CARLOS  
7331 N.W. 74TH STREET  
MEDLEY, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TANNER, MARY  
7331 N.W. 74TH STREET  
MEDLEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #