

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005828

**FILED**  
**Apr 25, 2004**  
**Secretary of State****Entity Name:** MIAMI BEACH HISTORICAL ASSOCIATION, INC.**Current Principal Place of Business:**% ABRAHAM D. LAVENDER.P.O. BOX 398866  
MIAMI BEACH, FL 33239**New Principal Place of Business:****Current Mailing Address:**% ABRAHAM D. LAVENDER.P.O. BOX 398866  
MIAMI BEACH, FL 33239**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAVENDER, ABRAHAM D  
215 SW 105 PLACE  
MIAMI, FL 33174**Name and Address of New Registered Agent:**LAVENDER, ABRAHAM D  
123 THIRD ST.  
APT. 1  
MIAMI BEACH, FL 33139

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: \_\_\_\_\_

04/25/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** ED ( ) Delete  
**Name:** LAVENDER, ABRAHAM D  
**Address:** P.O. BOX 398866  
**City-St-Zip:** MIAMI BEACH, FL 33239**Title:** D ( ) Delete  
**Name:** CAROLYN, KLEPSE  
**Address:** P.O. BOX 398866  
**City-St-Zip:** MIAMI BEACH, FL 33239**Title:** D ( ) Delete  
**Name:** GARCIA, LUIS  
**Address:** 1700 CONVENTION CENTER DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** D ( ) Delete  
**Name:** BROOKS, TONY  
**Address:** 1925 WASHINGTON AVE. #11  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** D ( ) Delete  
**Name:** REED, STUART  
**Address:** 1420 PENNSYLVANIA AVE #302  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** D ( ) Delete  
**Name:** BERSON, JUDITH  
**Address:** 960 OCEAN DRIVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** JAMIESON, LAURA  
**Address:** P.O. BOX 398866  
**City-St-Zip:** MIAMI BEACH, FL 33239**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: ABRAHAM D. LAVENDER

ED

04/25/2004

Electronic Signature of Signing Officer or Director

Date

HERB SOSA  
P. O. BOX 398866  
MIAMI BEACH, FL 33239

JOSEPH PATROUCH  
P. O. BOX 398866  
MIAMI BEACH, FL 33239