

DOCUMENT # N99000006677

1. Entity Name

PREMIER CHARITY FOUNDATION, INC.

Principal Place of Business

9771 S DIXIE HWY
MIAMI FL 33156

Mailing Address

9771 S DIXIE HWY
MIAMI FL 33156-2806

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

Applied For
Not Applied For

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITMAN, NEAL S
2900 SW 28 TERRACE 2ND FLOOR
COCONUT GROVE FL 33133

Name

Patricia Delinoio

Street Address (P.O. Box Number is Not Acceptable)

9771 S. Dixie Hwy

City

Miami

FL

Zip Code

33156

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Patricia Delinoio
9771 S. Dixie Hwy
Miami, FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee
Judy Russell
9771 S. Dixie Hwy. T.
Miami, FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee
Jan Wackenhut
9771 S. Dixie Hwy T.
Miami, FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000

305-661-8885

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE