

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25080

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC5604325595**

**Entity Name:** MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION, INC.

**Current Principal Place of Business:**

1450 N.E. 2ND AVENUE  
SUITE 912  
MIAMI, FL 33132-8308

**Current Mailing Address:**

1450 N.E. 2ND AVENUE  
SUITE 615  
MIAMI, FL 33132-8308

**FEI Number: 65-0093213**

**Certificate of Status Desired: No**

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

CARVALHO, ALBERTO M  
1450 NE 2 AVENUE  
SUITE 912  
MIAMI, FL 33132 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name HANTMAN, PERLA  
Address 16181 W. TROON CIRCLE  
City-State-Zip: MIAMI LAKES FL 33014

Title D  
Name KARP, MARTIN  
Address 20021 N.E. 21 AVENUE  
City-State-Zip: AVENTURA FL 33179

Title PS  
Name CARVALHO, ALBERTO M.  
Address 1450 N.E. 2 AVENUE, SUITE 912  
City-State-Zip: MIAMI FL 33132

Title VTAS  
Name HINDS, RICHARD H.  
Address 13723 S.W. 109 PLACE  
City-State-Zip: MIAMI FL 33176

Title D  
Name BENDROSS-MINDINGALL, DOROTHY  
Address 3310 N.W. 80 TERRACE  
City-State-Zip: MIAMI FL 33147

Title D  
Name CASTILLO, SUSIE V.  
Address 10045 N.W. 51 TERRACE  
City-State-Zip: DORAL FL 33178

Title D  
Name CURBELO, CARLOS  
Address 10301 S.W. 102 STREET  
City-State-Zip: MIAMI FL 33176

Title VC  
Name FELDMAN, LAWRENCE  
Address 8601 S.W. 68 COURT  
UNIT 2  
City-State-Zip: PINECREST FL 33143

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: LEONARDO FERNANDEZ**

**TREASURER**

**04/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name HOLLOWAY, WILBERT T.  
Address 748 N.W. 204 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title D  
Name REGALADO, RAQUEL A.  
Address 1850 S.W. 36 AVENUE  
City-State-Zip: MIAMI FL 33145

Title D  
Name PÉREZ, MARTA  
Address 1208 AGUILA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title AS  
Name FERNANDEZ, LEONARDO  
Address 4671 SW 149 CT.  
City-State-Zip: MIAMI FL 33185