



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2010	2011	2012	2013	2014
<b>Capital Expenditures</b>					
<b>Operating Costs</b>	<u>16,480</u>	<u>23,072</u>	_____	_____	_____
<b>External Revenues</b>	_____	_____	_____	_____	_____
<b>Program Income (County)</b>	_____	_____	_____	_____	_____
<b>In-Kind Match (County)</b>	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>16,480</u>	<u>23,072</u>	=====	=====	=====
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

**Is Item Included in Current Budget:** Yes  No

Budget Account No: Fund 1002 Dept 147 Unit 1457 Object 4410  
 Program EH20 GY09 Ad valorem 20%  
 Grant 80%

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

**C. Departmental Fiscal Review:** \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development Comments:**

 _____ OFMB 3/9/10 3/9/2010 MD 3/12/2010 P.W. 3/12/10	 _____ Contract Development and Control 3/12/10 G. Jones 3/12/10
--	---

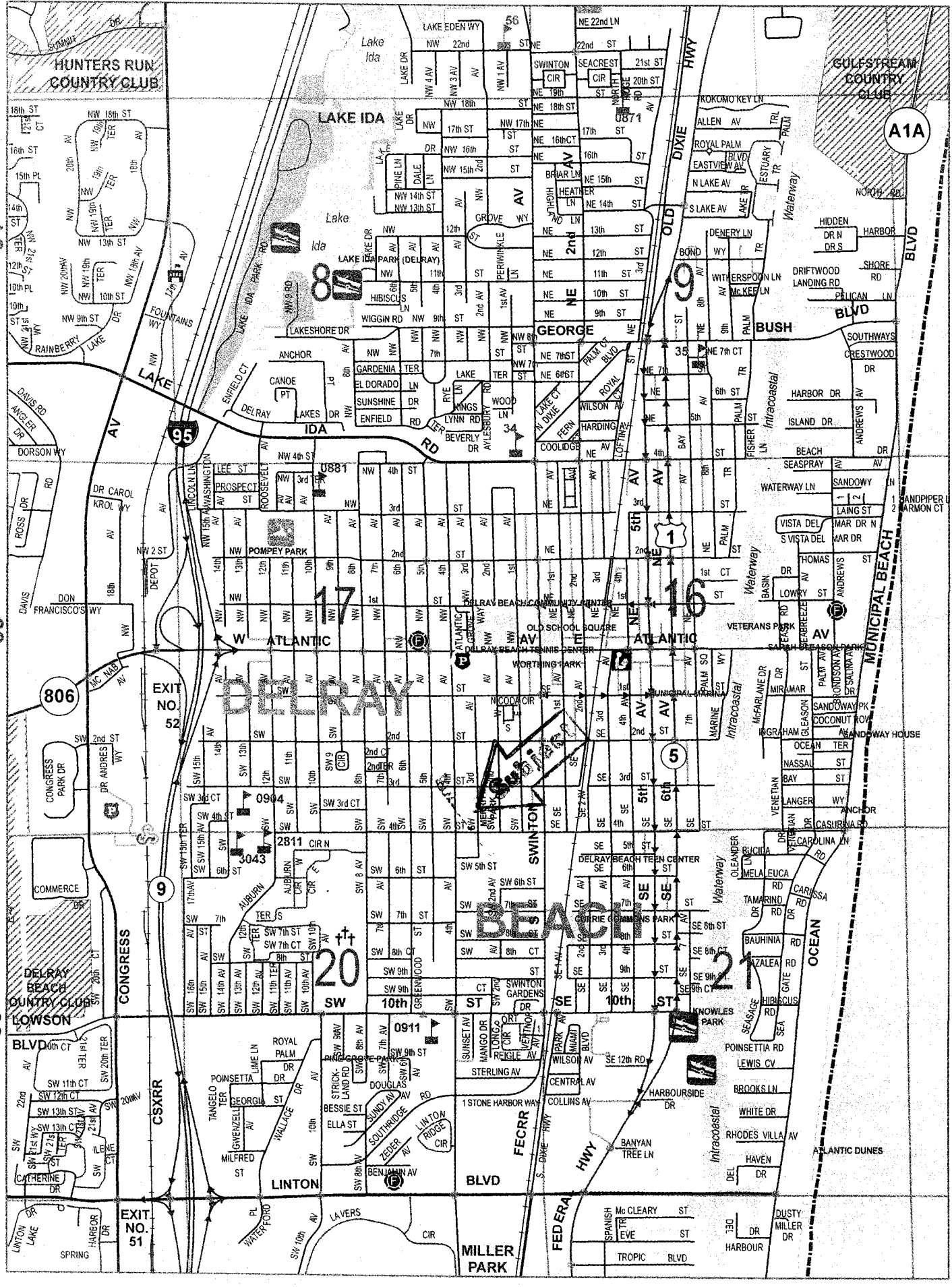
**B. Legal Sufficiency:**

  
 \_\_\_\_\_  
 Assistant County Attorney  
 3/15/10

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**



# LOCATION MAP

# ATTACHMENT # 1





March 23, 2010

CERTIFIED MAIL,  
RETURN RECEIPT REQUESTED  
7008 1830 0003 6079 8785

Stacey Renee Sutton, Executive Director  
The Milagro Foundation, Inc.  
340 SW 6th Avenue  
Delray Beach, FL 33444

Re: Exercise of Option to Extend Lease Agreement (R2002-0957) dated  
June 18, 2002, as amended, by and between the Milagro Foundation,  
Inc., as Landlord, and Palm Beach County.

Dear Ms. Sutton:

Pursuant to the provisions of Section 1.04 of the above referenced Lease  
Agreement, Palm Beach County, is hereby exercising this one time option to  
extend the term of said Lease for an additional period of one (1) year  
effective May 1, 2010, through April 30, 2011.

Sincerely,

ATTEST:

SHARON R. BOCK  
CLERK & COMPTROLLER

By: \_\_\_\_\_  
Deputy Clerk

PALM BEACH COUNTY, FLORIDA,  
a political subdivision of the State of  
Florida

BOARD OF COUNTY  
COMMISSIONERS

By: \_\_\_\_\_  
Burt Aaronson, Chair

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

By: \_\_\_\_\_  
Assistant County Attorney

APPROVED AS TO TERMS AND  
CONDITIONS:

By: Ray Anthony Wolf  
Department Director

Facilities Development &  
Operations Department  
Property & Real Estate  
Management Division

2633 Vista Parkway

West Palm Beach, FL 33411-5605

(561) 233-0217

FAX: (561) 233-0210

www.pbcgov.com/fdo

Palm Beach County  
Board of County  
Commissioners

Burt Aaronson, Chair

Karen T. Marcus, Vice Chair

Jeff Koons

Shelley Vana

Steven L. Abrams

Jess R. Santamaria

Priscilla A. Taylor

County Administrator

Robert Weisman

"An Equal Opportunity  
Affirmative Action Employer"

printed on recycled paper

G:\Property Mgmt Section\Out Lease\Ages & Stages Early Headstart DELRAY\Extension Option 2010\Ltr  
Exercise of Option 3.09.10.HF app.020210.docx

ATTACHMENT #2

LANDLORD'S DISCLOSURE OF BENEFICIAL INTERESTS  
(REQUIRED BY FLORIDA STATUTES 286.23)

TO: PALM BEACH COUNTY CHIEF OFFICER, OR HIS OR HER OFFICIALLY  
DESIGNATED REPRESENTATIVE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, this day personally appeared, Jeffrey L. Cohen, hereinafter referred to as "Affiant", who being by me first duly sworn, under oath, deposes and states as follows:

1. Affiant is the President of Milagro Foundation, Inc., (the "Owner") which entity is the owner of the real property legally described on the attached Exhibit "A" (the "Property").

2. Affiant's address is: 340 SW 6<sup>th</sup> Ave., Delray Beach, FL 33444

3. Attached hereto, and made a part hereof, as Exhibit "B" is a complete listing of the names and addresses of every person or entity having a five percent (5%) or greater beneficial interest in the Owner and the percentage interest of each such person or entity.

4. Affiant acknowledges that this Affidavit is given to comply with Florida Statutes 286.23, and will be relied upon by Palm Beach County in its lease of the Property.

5. Affiant further states that Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of Florida for falsely swearing to statements under oath.

6. Under penalty of perjury, Affiant declares that Affiant has examined this Affidavit and to the best of Affiant's knowledge and belief it is true, correct, and complete.

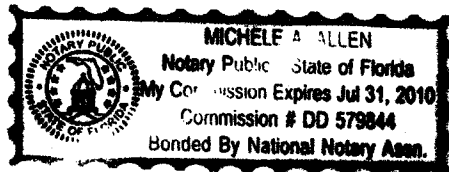
FURTHER AFFIANT SAYETH NAUGHT.

X [Signature], Affiant  
(Print Affiant Name) Jeffrey Cohen

The foregoing instrument was sworn to, subscribed and acknowledged before me this 28<sup>th</sup> day of January, 20010, by Jeffrey Cohen  who is personally known to me or  who has produced \_\_\_\_\_ as identification and who did take an oath.

[Signature]  
Notary Public

Michele A Allen  
(Print Notary Name)



NOTARY PUBLIC  
State of Florida at Large

My Commission Expires: 1/31/10

**EXHIBIT "A"**

**PROPERTY**

THE SOUTH 100 FEET OF THE EAST 100 FEET OF THE SOUTH ¼ BLOCK 16, TOGETHER WITH THE NORTH 100 FEET OF THE SOUTH 204.88 FEET OF THE EAST 135 FEET OF THE SOUTH ¼ BLOCK 16, AND THE SOUTH 204.88 FEET OF THE EAST 100 FEET, LESS THE SOUTH 100 FEET AND THE NORTH 100 FEET OF THE SOUTH ¼ BLOCK 16. TOWN OF LINTON, FLORIDA, N/K/A DELRAY BEACH, ACCORDING TO THE PLAT THEROF AS RECORDED IN THE PLAT BOOK 1, PAGE 3, PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA.







THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY <b>Weekes &amp; Callaway, Inc.</b> 3945 West Atlantic Avenue Delray Beach, FL 33445-3902		PHONE (A/C, No, Ext.) <b>(561)278-0448</b>	COMPANY <b>General Ins Co of America</b>	
FAX (A/C, No.) <b>(561)278-2391</b>		E-MAIL ADDRESS <b>mcween@weekescallaway.com</b>		
CODE: AGENCY CUSTOMER ID #: <b>00013115</b>		SUB CODE:		LOAN NUMBER
INSURED <b>Milagro Foundation, Inc.</b> 340 SW 6th Ave Delray Beach, FL 33444		POLICY NUMBER <b>24CC27652910</b>		EFFECTIVE DATE <b>11/29/2009</b>
		EXPIRATION DATE <b>09/11/2010</b>		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1 Loc 00003 Bldg 00001 340 SW 6th Ave Delray Beach, FL 33444
2 Loc 00004 Bldg 00001 346 S.W. 6th Avenue Delray Beach, FL 33446

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

	COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
1	Building, RC, Special form	274,000	1000
1	Business Personal Property, RC, Special form	10,000	1000
2	Building, RC, Special form	260,000	1000

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS  <b>Palm Beach County BOCC</b> <b>Property and Real estate Mgt.</b> <b>Attention: Nicholas Lambiase</b> <b>2633 Vista Parkway</b> <b>West Palm Beach, FL 33411</b>	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <b>Rose McEwen, CIC/JCLEMM</b> <i>Rose Ann McEwen</i>	

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**02/02/2010**

PRODUCER (561)278-0448 FAX (561)278-2391  
**Weekes & Callaway, Inc.**  
 3945 West Atlantic Avenue  
 Delray Beach, FL 33445-3902  
 AAI, Evelyn Ambler

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Milagro Foundation, Inc.**  
 340 SW 6th Ave  
 Delray Beach, FL 33444

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>General Ins Co of America</b>	<b>24732</b>
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>ABUSE &amp; MOLESTATION INCL</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>24CC27338910</b>	<b>09/11/2009</b>	<b>09/11/2010</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>								
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		<b>OTHER Professional Liability</b>	<b>LP7739596</b>	<b>09/11/2009</b>	<b>09/11/2010</b>	<b>\$1,000,000 Each Claim</b> <b>\$3,000,000 Aggregate</b>								

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: 340 SW 6th Ave & 346 SW 6th Ave, Delray beach, FL 33444

**Palm Beach County BOCC, Property and Real Estate Mgt. is named as Additional Insured with respects to the General Liability when required by written contract with the Named Insured per the policy terms and conditions.**

**\*Ten (10) Day Notice of Cancellation applies in the event of non payment of premium.\***

### CERTIFICATE HOLDER

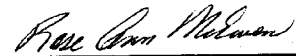
**Palm Beach County BOCC,  
 Property and Real Estate Mgt.  
 Attention: Nicholas Lanbise  
 2633 Vista Parkway  
 West Palm Beach, FL 33411**

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**Rose McEwen, CIC/EAMBLE**



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/4/2010

<b>PRODUCER</b> Automatic Data Processing Insurance Agency, Inc 1 ADP Boulevard Roseland, NJ 07068	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURED</b> MILAGARO FOUNDATION INC 340 SW 6TH AVE Delray Beach, FL 33444-	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: CASTLEPOINT OF FLORIDA INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCP760155100	1/7/2010	1/7/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

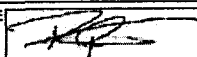
**CERTIFICATE HOLDER**

Palm Beach County BOCC, Property and Real Estate Mgt  
 2633 Vista Parkway  
 West Palm Beach, FL 33411-

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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## Detail by Entity Name

### Florida Non Profit Corporation

MILAGRO FOUNDATION, INC.

#### Filing Information

**Document Number** N98000000152  
**FEI/EIN Number** 650804625  
**Date Filed** 01/12/1998  
**State** FL  
**Status** ACTIVE  
**Last Event** CANCEL ADM DISS/REV  
**Event Date Filed** 09/30/2008  
**Event Effective Date** NONE

#### Principal Address

340 SW 6TH AVE  
DELRAY BEACH FL 33444

Changed 04/22/2005

#### Mailing Address

340 SW 6TH AVE  
DELRAY BEACH FL 33444

Changed 03/13/2009

#### Registered Agent Name & Address

COHEN, JEFFREY L  
54 NE FOURTH AVE  
DELRAY BEACH FL 33483

Name Changed: 04/22/2005

Address Changed: 09/30/2008

#### Officer/Director Detail

##### Name & Address

Title DP

COHEN, JEFFREY L  
54 NE FOURTH AVENUE  
DELRAY BEACH FL 33483 US

Title DS

KNAUS, MARYANN  
1479 ESTUARY TRAIL  
DELRAY BEACH FL 33483 US

Title DT

HINNERS, BRIAN J  
625 AUBURN CIRCLE WEST  
DELRAY BEACH FL 33444 US

**Annual Reports**

**Report Year Filed Date**

2007 02/05/2007  
2008 09/30/2008  
2009 03/13/2009

**Document Images**

- 03/13/2009 -- ANNUAL REPORT
- 09/30/2008 -- REINSTATEMENT
- 02/05/2007 -- ANNUAL REPORT
- 01/23/2006 -- ANNUAL REPORT
- 04/22/2005 -- ANNUAL REPORT
- 06/15/2004 -- ANNUAL REPORT
- 04/08/2004 -- ANNUAL REPORT
- 04/16/2003 -- ANNUAL REPORT
- 04/28/2002 -- ANNUAL REPORT
- 04/30/2001 -- ANNUAL REPORT
- 04/26/2000 -- ANNUAL REPORT
- 05/17/1999 -- ANNUAL REPORT
- 01/12/1998 -- Domestic Non-Profit

**Note:** This is not official record. See documents if question or conflict.

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**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2009  
Secretary of State**

DOCUMENT# N98000000152

Entity Name: MILAGRO FOUNDATION, INC.

**Current Principal Place of Business:**

340 SW 6TH AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

340 SW 6TH AVENUE  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

340 SW 6TH AVE  
DELRAY BEACH, FL 33444

FEI Number: 65-0804625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, JEFFREY L  
54 NE FOURTH AVE  
DELRAY BEACH, FL 33483 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: DP ( ) Delete  
Name: COHEN, JEFFREY L  
Address: 54 NE FOURTH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: DS ( ) Delete  
Name: KNAUS, MARYANN  
Address: 1479 ESTUARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: DT ( ) Delete  
Name: HINNERS, BRIAN J  
Address: 625 AUBURN CIRCLE WEST  
City-St-Zip: DELRAY BEACH, FL 33444 US

**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:

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: JEFFREY L COHEN

DP

03/13/2009

Electronic Signature of Signing Officer or Director

Date