

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

FILED
Feb 07, 2012
Secretary of State

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

599 DICE ST #A
CHARLOTTESVILLE, VA 22903

New Mailing Address:

FEI Number: 54-1854752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: KEVIN, O'BRIEN A
Address: 704 LOCUST AVENUE
City-St-Zip: CHARLOTTESVILLE, VA 22902

Title: DS
Name: SIMON, MARLENA L
Address: 599 DICE ST
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: DT
Name: OBRIEN, ROBERT A
Address: 4711 24TH RD N
City-St-Zip: ARLINGTON, VA 22207

Title: D
Name: CHRYSLER, ANA M
Address: 88 HERRICK RD
City-St-Zip: SOUTH HAMPTON, NY 11968

Title: D
Name: MUSSO, CARLOS
Address: 6701 NW 7TH ST SUITE 125
City-St-Zip: MIAMI, FL 33126 US

Title: D
Name: FERNANDEZ, FREDRICO
Address: 3301 PONCE DE LEON BLVD, SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

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: KEVIN A. O'BRIEN

DP

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date