

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000005047	
1. Entity Name GORDON FAMILY FOUNDATION, INC.	
Principal Place of Business 1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009	Mailing Address 1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009



03172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0708527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUDNIK, STACY
 C/O MELLON WAYNE CARSON
 910 E LAS OLAS BLVD STE 200
 FORT LAUDERDALE, FL 33301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, GAIL 1835 E. HALLENDALE BCH BLVD. #483 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDNIK, STACY 1835 E. HALLENDALE BCH. BLVD. #483 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDNIK, SHANI 1835 E. HALLENDALE BCH. BLVD. #483 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JASON 1835 E. HALLENDALE BCH. BLVD. #483 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/31/05-80056-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 3/17/05 3053891132
 _____ Date Daytime Phone #