


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 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

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 65-0708527 Applied For: Not Applicable
5. Certificate of Status Desired: \$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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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000407030
02/07/06-80115-014 61.25

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR