

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005047

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: GORDON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1835 E. HALLANDALE BCH. BLVD.  
#483  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1835 E. HALLANDALE BCH. BLVD.  
#483  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0708527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 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: P ( ) Delete  
Name: GORDON, GAIL  
Address: 1835 E. HALLENDALE BCH BLVD. #483  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: STUDNIK, STACY  
Address: 1835 E. HALLENDALE BCH. BLVD. #483  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: STUDNIK, SHANI  
Address: 1835 E. HALLENDALE BCH. BLVD. #483  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: GORDON, JASON  
Address: 1835 E. HALLENDALE BCH. BLVD. #483  
City-St-Zip: HALLANDALE, FL 33009

**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:

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: STACY STUDNIK

DIR

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date