2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N00000000988

Entity Name: THE ROTELLA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

200 EAST LAS OLAS BOULEVARD
1850
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

200 EAST LAS OLAS BOULEVARD
1850
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0981102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOUTH FLORIDA TAX, INC.
415 WEST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 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: D ( ) Delete
Name: ROTELLA, GARY J
Address: 200 EAST LAS OLAS BOULEVARD, 1850
City-St-Zip: FORT LAUDERDALE, FL 33301 UX

Title: D ( ) Delete
Name: ROTELLA, WILLIAM
Address: 200 EAST LAS OLAS BOULEVARD, 1850
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: D ( ) Delete
Name: ROTELLA, ROY
Address: 200 EAST LAS OLAS BLVD., 1850
City-St-Zip: FORT LAUDERDALE, FL 33301

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: GARY J. ROTELLA D 05/01/2009

Electronic Signature of Signing Officer or Director — Date