

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002512

1. Entity Name

CARBON FAMILY FOUNDATION, INC.



Principal Place of Business

C/O KIRSTEN GORELL-POMA
4763 LORRAINE DRIVE
SAN DIEGO, CA 92115

Mailing Address

C/O ELLIOT D. STEIN, CPA
2131 HOLLYWOOD BLVD, #505
HOLLYWOOD, FL 33120



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-0991034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, ELLIOT D CPA
2131 HOLLYWOOD BLVD
SUITE 505
HOLLYWOOD, FL 33120

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GORELL-POMA, KIRSTEN L
STREET ADDRESS 4763 LORRAINE DRIVE
CITY-ST-ZIP SAN DIEGO, CA 92115

TITLE V
NAME GORELL-GETZ, LISEL
STREET ADDRESS 2135 CECELIA TERR
CITY-ST-ZIP SAN DIEGO, CA 92110

TITLE D
NAME GETZ, PAUL
STREET ADDRESS 2135 CECELIA TERR
CITY-ST-ZIP SAN DIEGO, CA 92110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000824533
02/20/08-80082-014 61.25

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IN THIS SPACE**

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 other like empowered.

SIGNATURE:

Kirsten A. Gorell-Poma

2/8/08

(619) 602-7656