


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90017 026 \*\*\*\*61.25

<b>DOCUMENT # N02000009959</b>	
<b>1. Entity Name</b> THE BLANK FAMILY FOUNDATION, INC.	

<b>Principal Place of Business</b> 3455 NW 54 ST MIAMI, FL 33142	<b>Mailing Address</b> 3455 NW 54 ST MIAMI, FL 33142
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032008 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 92-0185953	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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, 2008**

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANK, ANDREW S	
STREET ADDRESS	3455 NW 54 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BLANK, JEROME	
STREET ADDRESS	3455 NW 54 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLANT, MARTIN	
STREET ADDRESS	3455 NW 54 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREHLING, ROBERT	
STREET ADDRESS	3455 NW 54TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MACIA, EVELYN	
STREET ADDRESS	3455 NW 54 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Evelyn Macia* **Evelyn Macia** **01/04/08** **633-8587**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #