

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

DOCUMENT# N02000009959

Entity Name: THE BLANK FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3455 NW 54 ST  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3455 NW 54 ST  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 92-0185953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      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: PD ( ) Delete  
Name: BLANK, ANDREW S  
Address: 3455 NW 54 ST  
City-St-Zip: MIAMI, FL 33142  
  
Title: CD ( ) Delete  
Name: BLANK, JEROME  
Address: 3455 NW 54 ST  
City-St-Zip: MIAMI, FL 33142  
  
Title: D ( ) Delete  
Name: FREHLING, ROBERT  
Address: 3455 NW 54TH STREET  
City-St-Zip: MIAMI, FL 33142  
  
Title: ST ( ) Delete  
Name: MACIA, EVELYN  
Address: 3455 NW 54 ST  
City-St-Zip: MIAMI, FL 33142  
  
Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:  
  
Title: D ( ) Change (X) Addition  
Name: KRAMER-MARTIN, KATHY  
Address: 3455 NW 54 ST  
City-St-Zip: MIAMI, FL 33142

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: EVELYN MACIA

S/T

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date