

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001454

FILED
Jul 22, 2008
Secretary of State

Entity Name: FISHER ISLAND PHILANTHROPIC FUND, INCORPORATED

Current Principal Place of Business:

7957 FISHER ISLAND DR
MIAMI, FL 33109

New Principal Place of Business:

Current Mailing Address:

7957 FISHER ISLAND DR
MIAMI, FL 33109

New Mailing Address:

FEI Number: 20-1841047 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:

GITIN, EUGENE L
7957 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 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: GITIN, EUGENE
Address: 7957 FISHER ISLAND DR
City-St-Zip: MIAMI, FL 33109

Title: D () Delete
Name: GOLDIN, BARRY
Address: 8043 FISHER ISLAND DR
City-St-Zip: MIAMI, FL 33109

Title: D () Delete
Name: SIEGEL, IRVING
Address: 5282 FISHER ISLAND DR
City-St-Zip: MIAMI, FL 33109

Title: D () Delete
Name: DUNN, HERBERT
Address: 7747 FISHER ISLAND DR
City-St-Zip: MIAMI, FL 33109

Title: D () Delete
Name: MOGUL, HARVE
Address: 3250 SW 3 AVE
City-St-Zip: MIAMI, FL 33129

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: () 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: EUGENE L. GITIN, MD

Electronic Signature of Signing Officer or Director

PRES

07/22/2008

_____ Date