

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005489

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: KALISH FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-2977057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LANDE, STEPHEN C  
4200 BISCAYNE BLVD  
MIAMI, FL 33137 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: DRUCKER, TERRY  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: JACOBS, RICHARD M  
Address: 6246 SW 99TH TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: LANDE, STEPHEN C  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: KALISH, NEDRA  
Address: 60 EDGEWATER DR - APT 9A  
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete  
Name: KALISH, GEOFFREY O  
Address: 33 LARCHMONT AVE  
City-St-Zip: LARCHMONT, NY 10538

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN C. LANDE

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date