

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011176

FILED
Jul 19, 2009
Secretary of State

Entity Name: PAUL S. PARISER FOUNDATION, INC.

Current Principal Place of Business:

4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 334314860

New Principal Place of Business:

Current Mailing Address:

4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 334314860

New Mailing Address:

FEI Number: 56-2606991 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

ROBERT MARC SCHWARTZ, P.A.
4700 NW BOCA RATON BOULEVARD, SUITE 104
BOCA RATON, FL 334314860 US

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: PARISER, PAUL S
Address: 2625 MICHENER RD
City-St-Zip: BIG SKY, MT 59716

Title: D () Delete
Name: PARISER, BENJAMIN S
Address: 1251 TAYLOR AVENUE NORTH APT 206
City-St-Zip: SEATTLE, WA 98109

Title: D () Delete
Name: SCHLOSSBERG, ELI
Address: 3207 FALLSTAFF RD
City-St-Zip: BALTIMORE, MD 21215

Title: D () Delete
Name: LEFF, MARVIN
Address: 1323 DAVIES ROAD
City-St-Zip: FAR ROCKAWAY, NY 11691

Title: D () Delete
Name: PARISER, ALAN D
Address: 26520 WEST MOUNT CALABASAS DRIVE
City-St-Zip: CALABASAS, CA 913204860

Title: D () Delete
Name: SCHWARTZ, ROBERT M
Address: 4700 NW BOCA RATON BLVD, SUITE 104
City-St-Zip: BOCA RATON, FL 334314860

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 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: PAUL S. PARISER

D

07/19/2009

Electronic Signature of Signing Officer or Director

Date