

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011624
 1. Entity Name
 GERSON FAMILY FOUNDATION, INC.



Principal Place of Business: 1845 CLEVELAND RD, MIAMI BEACH, FL 33141
 Mailing Address: 1845 CLEVELAND RD, MIAMI BEACH, FL 33141



02142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1982298 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GERSON, GARY
 666 - 71 STREET
 MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008

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

UN00000947365
 03/19/08-80017-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GERSON, GARY
STREET ADDRESS	1845 CLEVELAND RD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	GERSON, NIETY
STREET ADDRESS	1845 CLEVELAND RD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	DESAULIERS, DENISE
STREET ADDRESS	525 WEST 47TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	RHODES, PAMELA
STREET ADDRESS	12851 STIRLING ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	BURSTEIN, MELISSE
STREET ADDRESS	4507 SHERIDAN AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GERSON, HERSHEL
STREET ADDRESS	2201 OCEAN AVENUE, APT. 1
CITY-ST-ZIP	VENICE, CA 90291

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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: X GARY GERSON X 2/29/08 X (305) 868-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #