


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011745 1. Entity Name ROGERS FAMILY CHARITABLE FOUNDATION, INC.	
--	---

Principal Place of Business 7772 FISHER ISLAND RD. MIAMI, FL 33109-0955	Mailing Address 7772 FISHER ISLAND RD. MIAMI, FL 33109-0955
---	---

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-3195256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

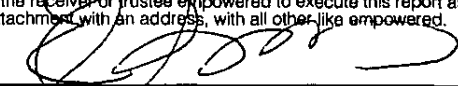
6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 W. PALMETTO PARK RD., SUITE 310 BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000871639 04/10/08-80003-024 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAYSTMAN, RICHARD PHD 7000 WEST PALMETTO PARK ROAD, STE 205 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LONDON, ROSE E MD 7772 FISHER ISLAND ROAD MIAMI, FL 331090955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRIS, STUART R 7000 W. PALMETTO PARK ROAD, SUITE 310 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	3/15/08 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	