

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011745

FILED
Mar 16, 2009
Secretary of State

Entity Name: ROGERS FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

7772 FISHER ISLAND RD.
MIAMI, FL 331090955

New Principal Place of Business:

7772 FISHER ISLAND DRIVE
MIAMI, FL 331090955

Current Mailing Address:

7772 FISHER ISLAND RD.
MIAMI, FL 331090955

New Mailing Address:

7772 FISHER ISLAND DRIVE
MIAMI, FL 331090955

FEI Number: 74-3195256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, STUART R ESQ.
7000 W. PALMETTO PARK RD., SUITE 310
BOCA RATON, FL 33433 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: PD () Delete
Name: TRAYSTMAN, RICHARD PHD
Address: 7000 WEST PALMETTO PARK ROAD, STE 205
City-St-Zip: BOCA RATON, FL 33433

Title: VPTD () Delete
Name: LONDON, ROSE E MD
Address: 7772 FISHER ISLAND ROAD
City-St-Zip: MIAMI, FL 331090955

Title: SD () Delete
Name: MORRIS, STUART R
Address: 7000 W. PALMETTO PARK ROAD, SUITE 310
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD (X) Change () Addition
Name: LUPTON, SUZANN
Address: 7000 WEST PALMETTO PARK ROAD, STE 205
City-St-Zip: BOCA RATON, FL 33433

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: RICHART TRAYSTMAN

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date