

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2009
Secretary of State**

DOCUMENT# N07000010725

Entity Name: SHAPIRO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O MR. RONALD SHAPIRO
1773 MITCHELL COURT
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

C/O MR. RONALD SHAPIRO
1773 MITCHELL COURT
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 26-1372643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, RONALD
1773 MITCHELL COURT
PORT ORANGE, FL 32128 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: SHAPIRO, RONALD
Address: 1773 MITCHELL COURT
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: SHAPIRO, LEWIS
Address: 10 CITY PLACE
City-St-Zip: WHITE PLAINS, NY 10601

Title: D () Delete
Name: SHAPIRO, ALAN
Address: 40 ANNANDALE DRIVE
City-St-Zip: CHAPPAQUA, NY 10514

Title: D () Delete
Name: SHAPIRO, DENISE
Address: 135 WESTFIELD DRIVE
City-St-Zip: EAST GREENWICH, RI 02818

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:

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: ALAN SHAPIRO

D

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date