


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N26154
 1. Entity Name
 THE FUTERNICK FAMILY FOUNDATION, INC.



Principal Place of Business STEPHEN C LANDE 4200 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address STEPHEN C LANDE 4200 BISCAYNE BLVD. MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0078657	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LANDE, STEPHEN C
 4200 BISCAYNE BLVD.
 MIAMI, FL 33137

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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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPOFF, NORMAN H 1221 BRICKELL AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FUTERNICK, MORRIS 2 GROVE ISLE DR APT 1509 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUTERNICK, LEE 2 GROVE ISLE DR APT 1509 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, GAIL 11 ISLAND AVE APT 1604 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC FUTERNECK, CATHIE F 2 GROVE ISLE DR. APT 1509 COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FUTERNICK, MIKKI 2 GROVE ISLE DR. #1509 MIAMI, FL

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 03/14/05-80108-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 full power like empowered.

SIGNATURE: Stephen C Lande 2/16/05 786-866-8623
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #