

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2008
Secretary of State**

DOCUMENT# N96000006234

Entity Name: THE HYMAN A. AND IDA KIRSNER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0711872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIRSNER, MARVIN A
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 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: KIRSNER, RONALD
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KIRSNER, IDA
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KIRSNER, HARRY M
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GOLDBERG, DIANE A
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KIRSNER, MARVIN A
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KIRSNER, STEVEN A
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

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
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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: MARVIN A. KIRSNER

D

01/18/2008

Electronic Signature of Signing Officer or Director

Date