

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
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  
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: MARVIN A. KIRSNER

D

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date