

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000102

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: PODHURST FAMILY SUPPORTING FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BLVD  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-0720334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANDE, STEPHEN C  
4200 BISCAYNE BLVD  
MIAMI, FL 33137      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: OREN, NEDRA  
Address: 3526 BAYSHORE VILLAS DRIVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D      ( ) Delete  
Name: BRODIE, MYRON  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: DS      ( ) Delete  
Name: LANDE, STEPHEN C  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: OLIN, MICHAEL  
Address: 25 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33128

Title: D      ( ) Delete  
Name: PODHURST, AARON  
Address: 4200 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

**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: STEPHEN C. LANDE

DS

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date