

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000298

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: WILLIAM AND JOAN BRODSKY FOUNDATION, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD  
SUITE 1125  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 PONCE DE LEON BLVD  
SUITE 1125  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0724452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BREIER, ROBERT G ESQ  
2800 PONCE DE LEON BLVD  
SUITE 1125  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: BRODSKY, WILLIAM  
Address: 2800 PONCE DE LEON BLVD SUITE 1125  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete  
Name: BRODSKY, JOAN  
Address: 2800 PONCE DE LEON BLVD SUITE 1125  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BRODSKY, MICHAEL  
Address: 2800 PONCE DE LEON BLVD SUITE 1125  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BRODSKY, STEPHEN  
Address: 2800 PONCE DE LEON BLVD SUITE 1125  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BRODSKY, JONATHAN  
Address: 2800 PONCE DE LEON BLVD SUITE 1125  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: WILLIAM J. BRODSKY

PRES

03/10/2009

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

\_\_\_\_\_  
Date