

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000298

FILED
Jan 18, 2011
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
Name: BRODSKY, WILLIAM
Address: 2800 PONCE DE LEON BLVD SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BRODSKY

PD

01/18/2011

Electronic Signature of Signing Officer or Director

_____ Date