

**2008=NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003051

1. Entity Name
THE FINDEISS FAMILY FOUNDATION, INC.



Principal Place of Business
**2824 NE 27 ST
FORT LAUDERDALE, FL 33306**

Mailing Address
**14201 W SUNRISE BLVD
STE 201
SUNRISE, FL 33323**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0758555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLNDEISS, CLIFFORD J
2824 NE 27 ST
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FINDEISS, J. CLIFFORD**
STREET ADDRESS **2824 NE 27 ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE **D**
NAME **PRINCIPE, NEIL J**
STREET ADDRESS **5 ISLA BAHIA TER**
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE **D**
NAME **CREED, JERE D**
STREET ADDRESS **1755 SE 7ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/18/08-80037-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08
Date

Daytime Phone #