


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000007281 1. Entity Name THE LYNN AND DAVID RUSSIN FAMILY FOUNDATION, INC.	
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Principal Place of Business 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	Mailing Address 4200 BISCAYNE BOULEVARD MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0884200	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANDE, STEPHEN C 4200 BISCAYNE BOULEVARD MIAMI, FL 33137

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SOLOMON, JACOB 4200 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LANDE, STEPHEN 4200 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLICKSTEIN, RABBI GARY 4144 CHASE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADLER, SARA 1400 N.W. 107TH AVENUE - 5TH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, DANIEL M.D. 4302 ALTON ROAD, SUITE 115 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUSSIN, LYNN 715 WEST 49TH STREET MIAMI BEACH, FL 33140

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U00000263750
03/14/05-80108-024 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: 2/16/05	Daytime Phone #: 786-866-8623
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