

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007286

FILED
Sep 02, 2009
Secretary of State

Entity Name: KRITCHMAN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1210 ALFONSO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

200 S. BISCAYNE BLVD, 15TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0979240 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRITCHMAN, LOLA
1210 ALFONSO AVENUE
CORAL GABLES, FL 33146 US

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: KRITCHMAN, LOLA
Address: 1210 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: KRITCHMAN, WILLIAM
Address: 7040 S.W. 54TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: SMITH, KIMBERLY
Address: 200 SOUTH BISCAYNE BLVD 15TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: WALLACH, HOWARD M.D.
Address: 8940 N. KENDALL DR. EAST TOWER STE#300E
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GOLDSTON, STEVE
Address: 10729 S.W. 104TH STREET
City-St-Zip: MIAMI, FL 33140

Title: D () Delete
Name: SPEIGEL, HENRI EILEEN
Address: 790 W. 49TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

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: EYLIS GARCIA

MS.

09/02/2009

Electronic Signature of Signing Officer or Director

Date