

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007281

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE LYNN AND DAVID RUSSIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0884200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDE, STEPHEN C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137 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: DT () Delete
Name: SOLOMON, JACOB
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: LANDE, STEPHEN
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: GLICKSTEIN, RABBI GARY
Address: 4144 CHASE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ADLER, SARA
Address: 1400 N.W. 107TH AVENUE - 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: COHEN, DANIEL M.D.
Address: 4302 ALTON ROAD, SUITE 115
City-St-Zip: MIAMI BEACH, FL 33140

Title: DP (X) Delete
Name: RUSSIN, LYNN
Address: 715 WEST 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: STEPHEN C. LANDE

DS

01/30/2009

Electronic Signature of Signing Officer or Director

Date