

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000800

**Entity Name:** ROSE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O BARRY ROSE  
5790 SW 37TH TERRACE  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

C/O BARRY ROSE  
5790 SW 37TH TERRACE  
FT LAUDERDALE, FL 33312 US

**FEI Number:** 65-0978030

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSE, BARRY R  
5790 SW 37TH TERRACE  
FT LAUDERDALE, FL 33312 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

**Officer/Director Detail :**

Title D  
Name ROSE, BARRY R  
Address 5790 S.W. 37 TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title D  
Name ROSE, ANITA B  
Address 5790 S.W. 37 TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title D  
Name MILLER, ALISA S  
Address 5790 S.W. 37 TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

Title D  
Name ROSE, PHILIP S  
Address 5790 S.W. 37 TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

*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:** BARRY R ROSE

**PRESIDENT**

**01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date