

2021 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, PRESIDENT, SECRETARY
Name ROSE, BARRY R
Address 5790 S.W. 37 TERRACE
City-State-Zip: FT. LAUDERDALE FL 33312Title D
Name ROSE, ANITA B
Address 5790 S.W. 37 TERRACE
City-State-Zip: FT. LAUDERDALE FL 33312Title D
Name MILLER, ALISA S
Address 1305 DOUBLE OAKS ROAD
City-State-Zip: GREENSBORO NC 27410Title D
Name ROSE, PHILIP S
Address 485 NW DOVER COURT
City-State-Zip: PORT ST LUCIE FL 34983

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

01/21/2021

Electronic Signature of Signing Officer/Director Detail_____
Date