

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000520

Entity Name: MOURNING FAMILY FOUNDATION, INC.**Current Principal Place of Business:**100 S BISCAYNE BLVD
SUITE 300
MIAMI, FL 33131**Current Mailing Address:**100 S BISCAYNE BLVD
SUITE 300
MIAMI, FL 33131 US**FEI Number:** 65-1075983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FURST, ALLEN
3109 GRAND AVENUE, PMB 447
MIAMI, FL 33133 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 MOURNING, ALONZO H.
Address 100 S BISCAYNE BLVD
SUITE 300
City-State-Zip: MIAMI FL 33131Title T
Name FURST, ALLEN
Address 100 S BISCAYNE BLVD
SUITE 300
City-State-Zip: MIAMI FL 33131Title D
Name DOTSON, ALBERT E. JR.
Address 1450 BRICKELL AVE 23RD FLOOR
City-State-Zip: MIAMI FL 33131Title D
Name MOURNING, TRACY W
Address 100 S BISCAYNE BLVD
SUITE 300
City-State-Zip: MIAMI FL 33131Title P
Name AUSTIN, TOWALAME
Address 100 S BISCAYNE BLVD
SUITE 300
City-State-Zip: MIAMI FL 33131

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: ALLEN FURST

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04/10/2013

Electronic Signature of Signing Officer/Director Detail_____
Date