

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

DOCUMENT# N12000011405

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

**Current Principal Place of Business:**

BOIES, SCHILLER & FLEXNER, LLP  
100 SOUTHEAST 2ND STREET #2800  
MIAMI, FL 33131

**Current Mailing Address:**

BOIES, SCHILLER & FLEXNER, LLP  
100 SOUTHEAST 2ND STREET #2800  
MIAMI, FL 33131

**FEI Number:** 46-2727574

**Certificate of Status Desired:** No

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

FEUERMAN, JONATHAN  
C/O THERREL BAISDEN, P.A.  
ONE SE 3RD AVENUE, SUITE 2950  
MIAMI, FL 33131 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 ZACK, STEPHEN N  
Address 100 SE 2ND STREET #2800  
City-State-Zip: MIAMI FL 33131

Title D  
Name ATKINS, MARGUERITE  
Address 100 SE 2ND STREET #2800  
City-State-Zip: MIAMI FL 33131

Title D  
Name ZACK, JASON S  
Address 100 SE 2ND STREET #2800  
City-State-Zip: MIAMI FL 33131

Title D  
Name ZACK JOHNSON, TRACEY M  
Address 100 SE 2ND STREET #2800  
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:** STEPHEN N. ZACK

**DIRECTOR**

**01/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date