

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701515

FILED
Jan 30, 2009
Secretary of State

Entity Name: RUSSACK FAMILY FOUNDATION

Current Principal Place of Business:

C/O MICHAEL ABRAHAM
4445 ALTON RD
MIAMI BCH, FL 33140 US

New Principal Place of Business:

C/O FRANK BECK
6181 MIAMI LAKES DRIVE EAST
MIAMI, FL 33014 US

Current Mailing Address:

C/O MICHAEL ABRAHAM
4445 ALTON RD
MIAMI BCH, FL 33140 US

New Mailing Address:

C/O FRANK BECK
6181 MIAMI LAKES DRIVE EAST
MIAMI, FL 33014 US

FEI Number: 59-6152314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, FRANK
1390 NE 162 ST
MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

BECK, FRANK
6181 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014 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: FRANK BECK

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALLACH, HERBERT
Address: 5491 N W 23RD AVE
City-St-Zip: BOCA RATON, FL

Title: PD (X) Delete
Name: ABRAHAM, MICHAEL,
Address: 4445 ALTON RD.
City-St-Zip: MIAMI BEACH, FL

Title: D (X) Delete
Name: BECK, FRANK
Address: 1390 NE 162 ST
City-St-Zip: N MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECK, FRANK
Address: 6181 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI, FL 33014 US

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: FRANK BECK

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date