2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 719756

Entity Name: THE DAVID A. STEIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-6152351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEIN, DAVID A
220 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	SDP	( ) Delete
Name:	STEIN, DAVID A	
Address:	220 PONTE VEDRA PARK DR #160	
City-St-Zip:	PONTE VEDRA BEACH, FL 320826616	
Title:	TD	( ) Delete
Name:	STEIN, TRACEY	
Address:	220 PONTE VEDRA PARK DR #160	
City-St-Zip:	PONTE VEDRA BEACH, FL 320826616	
Title:	DV	( ) Delete
Name:	STEIN, LINDA B	
Address:	220 PONTE VEDRA PARK DR #160	
City-St-Zip:	PONTE VEDRA BEACH, FL 320826616	
Title:	D	( ) Delete
Name:	ROBBINS, ALLSION	
Address:	220 PONTE VEDRA PARK DR #160	
City-St-Zip:	PONTE VEDRA BEACH, FL 320826616	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID A. STEIN SDP 01/06/2009

Electronic Signature of Signing Officer or Director — Date