2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
04-23-2004 90208 021 ****61.25

DOCUMENT # F02000002306

1. Entity Name
REUBEN AND MOLLIE GORDON FOUNDATION, INC.

66420174

Principal Place of Business	Mailing Address
3170 N. FEDERAL HWY #105 LIGHTHOUSE POINT, FL 33064 US	3170 N. FEDERAL HWY #105 LIGHTHOUSE POINT, FL 33064 US

04122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
23-6251826
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SICILIANO, THOMAS V.
980 NORTH FEDERAL HIGHWAY, SUITE 440
BOCA RATON, FL 33432

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	LIEBERMAN, FRED
STREET ADDRESS	3170 N. FEDERAL HWY, SUITE 105
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	MALIK, PAMELA J
STREET ADDRESS	3170 N. FEDERAL HWY, SUITE 105
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	LIEBERMAN, HARRY
STREET ADDRESS	1116 MASON AVENUE
CITY-ST-ZIP	DREXEL HILL, PA 19026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela J Malik 5-5-4 954-784-3745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pamela J Malik