



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90060 012 ***150.00

DOCUMENT # F02000002306					
1. Entity Name REUBEN AND MOLLIE GORDON FOUNDATION, INC.					
Principal Place of Business 231 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 US			Mailing Address 231 GOOLSBY BLVD DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business - No P.O. Box # 1405 Addison Ave. Suite, Apt. #, etc.		3. Mailing Address PO Box 272208 Suite, Apt. #, etc.		40117320 	
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33486		Country USA			
Zip 33427		Country USA			
6. Name and Address of Current Registered Agent SICILIANO, THOMAS V 980 NORTH FEDERAL HIGHWAY, SUITE 440 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE CPS NAME LIBERMAN, FRED STREET ADDRESS 231 GOOLSBY BLVD CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
TITLE D NAME MALIK, PAMELA J STREET ADDRESS 231 GOOLSBY BLVD CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
TITLE D NAME LIEBERMAN, HARRY STREET ADDRESS 2324 ASBURY AVE CITY-ST-ZIP OCEAN CITY, NJ 08226	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE CPS NAME Fred Lieberman STREET ADDRESS 1405 Addison Ave CITY-ST-ZIP Boca Raton FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Pamela J. Malik STREET ADDRESS 105 Oregon Lane CITY-ST-ZIP Boca Raton FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Harry Lieberman STREET ADDRESS 1116 Mason Ave CITY-ST-ZIP Drexel Hill PA 19026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a other like empowered.					
SIGNATURE: <i>Pamela J. Malik</i> Pamela J. Malik 05/09/07 561-447 6933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					