

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003439

FILED
Apr 27, 2005
Secretary of State

Entity Name: MILIN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE, SUITE 290
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2385 EXECUTIVE CENTER DRIVE, SUITE 290
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 13-4149246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILIN, IRENE
2385 EXECUTIVE CENTER DRIVE, SUITE 290
BOCA RATON, FL 33431 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: CPT () Delete
Name: MILIN, MICHAEL
Address: 2385 EXECUTIVE CENTER DRIVE, SUITE 290
City-St-Zip: BOCA RATON, FL 33431

Title: VCVS () Delete
Name: MILIN, IRENE
Address: 2385 EXECUTIVE CENTER DRIVE, SUITE 290
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MILIN, NORMAN Z
Address: 6740 NOKOMIS
City-St-Zip: LINCOLNWOOD, IL 60646

Title: D () Delete
Name: MILIN, ELAINE L
Address: 6740 NOKOMIS
City-St-Zip: LINCOLNWOOD, IL 60646

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 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 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: IRENE MILIN

VCVS

04/27/2005

Electronic Signature of Signing Officer or Director

Date